SOPHIA CAROLINE MAYER

"YOU JUST HAD TO CHOOSE WHAT TO BELIEVE"
COVID-19 Vaccine Decision-Making among African
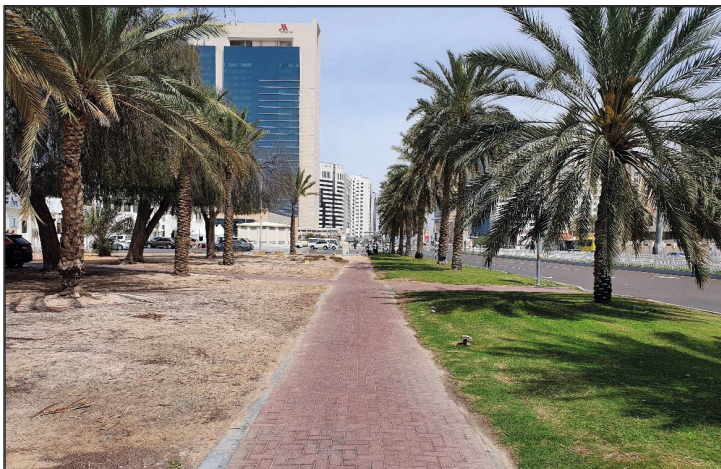### Migrants in the United Arab Emirates

SOPHIA CAROLINE MAYER

"YOU JUST HAD TO CHOOSE WHAT TO BELIEVE"

COVID-19 Vaccine Decision-Making among African Migrants in the United Arab Emirates

Preface

As we know today, the Covid-19 pandemic was a watershed moment for global health management. As a public emergency of international, the pandemic challenged established knowledge about health risks and appropriate health measures. National governments decided on a variety of public interventions, such as the prescription of face masks and Covid-19 testing, the curtailment of personal contact and movement, and the endorsement of new vaccines. In many parts of the world, these interventions were met with mixed feelings and varied responses, including widespread approval as well as weaning trust in the state and/or in science.

The Master thesis of Sophia Mayer zooms in on this very situation of uncertainty that was compounded by a global surge in critical narratives, rumours, and conspiracy theories about the Covid-19 pandemic and the newly developed vaccines. It is a highly informative and exemplary study that explores the contentious issue of Covid-19 vaccines from the perspective of African migrants in the United Arab Emirates. The thesis was supervised by Prof. Dr. Michaela Pelican and Dr. Jonathan Ngeh and was realized in the context of a larger study on "Communication during and after Covid-19", which informed Sophia Mayer's focus on African migrants in the United Arab Emirates.

Mayer's thesis stands out by its topical relevance, empirical depth, and thorough theorization. Based on three detailed case studies and selected material from the larger study, Mayer analyses the decision-making strategies of her protagonists regarding the Covid-19 vaccination. She pays attention to several dimensions, including the limitations to migrants' freedom in the United Arab Emirates due to their economic and legal dependence on their sponsor-employers. She illustrates how her protagonists drew on collective historical memories, lived experiences, and common techniques of data verification, and highlights the role of emotions and norms as constitutive aspects of decision-making. Finally, Mayer recognizes that while rumours and conspiracy theories have surged on a global scale during the pandemic, they are pervasive in many parts of Africa, which, she argues, ought to be seen in the light of colonial and postcolonial health interventions on the continent. Importantly, she pursues a critical approach that pays attention to the normative connotations of the label conspiracy theories as well as the alternative standpoints often expressed through them. The thesis thus contributes to an informed understanding of the critical responses to the Covid-19 vaccine we have seen not only in the United Arab Emirates but also in Germany and other parts of the world.

Michael J. Casimir

Table of Contents

List of Figures

List of Abbreviations

AED – United Arab Emirates Dirham

UAE – United Arab Emirates

UN – United Nations

WHO – World Health Organization

CNN – Cable News Network

BBC – British Broadcasting Corporation

CNA – Cameroon News Agency

WHO – World Health Organization

WION – Worlds Is One News

1. Introduction

"You just had to choose what to believe", our collaborator Ellah told me. "Because there were so many conspiracies and whatnot at the time, you had to really do some research before you decided to take a vaccination." The SARS-CoV 2 virus or better known as COVID-19 began to spread throughout the world in December 2019, starting in Wuhan, China. The virus caused havoc to global and local economies, health systems and the individual lives of many people. Like most governments, the UAE leadership put their hope on the development and the promotion of vaccines to detain the spread of the virus. With the rapid increase in COVID-19 cases and the consequent introduction of new vaccines to curb its spread, there was a corresponding surge in rumors and conspiracy theories surrounding the vaccines. This led the World Health Organization (WHO) to introduce a novel term, "infodemic," to describe the widespread proliferation of (mis)information through social media and word-of-mouth during the pandemic (WHO 2020), as well as its potential to accelerate the spread of the pandemic by affecting and dividing social responses (see Cinelli 2020).

Stories and narratives are an integral part of human sociocultural heritage. These stories encompass myths, legends, folktales, and various other forms, serving the dual purpose of helping us comprehend our life experiences and transmitting accumulated knowledge and wisdom across generations (Ali 2020: 1). Prior to the advent of writing, these tales were the most effective way of preserving and disseminating specific meanings. Narratives are fundamentally social constructs, often crafted and adapted to provide understanding and assist in coping with uncertain and challenging circumstances. The rapid proliferation of narratives underscores the magnitude of the challenges faced by the outbreak of the COVID-19 pandemic (Ali 2020: 1). However, in cases in which these narratives are based on incomplete, distorted facts or deviate from official accounts, they are often categorized as rumors or conspiracy theories. Rumors and conspiracy theories are thus not neutral categories but are normatively charged because they imply falsehood (Shibutani 1966: 4).

The UAE government, alongside the WHO, considers rumors and conspiracy theories as a considerable threat to the vaccination campaign against COVID-19 in the UAE and globally, both influencing the decision-making process of individuals on whether to take up the vaccine. The UAE government went so far as to hold those propagating "fake information" – meaning information that deviates from official accounts – legally accountable (Khaleej Times 12.01.2021). The decision of whether or not to take up the COVID-19 vaccine illustrates the

interconnection between personal decision-making and broader public health considerations. Understanding decision-making processes around the COVID-19 vaccine on an individual level is politically relevant as it can offer insights on how to manage future virus outbreaks and build compliance among all members of society.

In my role as a student assistant within the research project "Communication during and after COVID-19: (re)producing social inequalities and/or opportunities among African migrants in the United Arab Emirates and China," I engaged in conversations about vaccination with our African collaborators in the UAE. Many expressed skepticism or fear about taking the vaccine, attributing these emotions to rumors and conspiracy theories encountered through social media or word-of-mouth. Intrigued by the extensive and emotional discussions about the COVID-19 vaccination in German and international media, I became interested in understanding how our collaborators navigated their decision-making processes as migrants in the UAE and amidst the overwhelming influx of information.

I discovered that treating decision-making as a purely rational process, as suggested by rationalist approaches, falls short in capturing the emotions triggered by rumors and conspiracy theories, as well as our collaborators' sense of responsibility towards their relatives and their own future. In this thesis, I adopt Heiss and Johnson-Hanks' conceptualization by defining decision-making as an action (Heiss 2018; Johnson-Hanks 2005). My aim is not to validate or refute the truth of the narratives encountered by our collaborators but to illustrate how these narratives influenced their decision-making processes regarding vaccination, drawing insights from the case studies of Dagis, Suma, and Mr. Otieno. Throughout the research, I observed that the reception of many critical narratives is not confined to Africans but extends globally. However, I emphasize the importance of discussing the narratives of our collaborators, acknowledging their particularities shaped by African colonial history and their status as migrants in the UAE.

In this thesis, I will focus on our African collaborators who live as labor migrants in the UAE. The UAE's growing demand for labor attracts growing numbers of Africans to move to the Gulf. The numbers are still relatively low compared to other migrant groups in the UAE but are constantly growing. Since there are rarely any statistics published in the UAE on the ethnic composition of the population, there are only estimates for the Gulf region. The United Nations Department of Economic and Social Affairs estimated that in 2019 about 3.6 million Africans were residing in the GCC states (Alexander 2021: 1). Given this relatively recent yet expanding trend, it is crucial to shed light on the situation of African migrants in the Gulf, as their experiences have been studied less compared to those of other migrant groups.

This MA research is part of the larger research project "Communication during and after COVID-19: (re)producing social inequalities and/or opportunities among African migrants in the United Arab Emirates and China" which is funded by the Volkswagen Foundation. In the project, we followed a participatory methodological approach over the course of two years, which underscores a grassroots viewpoint, incorporating individuals from the studied community as integral members of the research team. Because of the restrictions on travel and the risks of personal contact during the height of the pandemic in 2020 and 2021, most of the research was done via online communication channels. During my three-week-long research stay in the UAE in March 2022, I focused on these existing relationships to conduct semi-structured interviews, as well as informal conversations, visit our collaborators' accommodations and their workplaces to get a better understanding of the different aspects influencing their decision-making processes.

The thesis will start off by providing a definition of rumors, aligning it with the conceptualization put forth by Feldman-Savelsberg et al. (2000) and a definition of conspiracy theories, following Pelkmans and Machold's conceptualization (2011). In the subsequent step, I will highlight that both rumors and conspiracy theories carry normative implications, emphasizing the need for careful application of these concepts. Moving to the second segment of my theoretical analysis, I will demonstrate that traditional theoretical models of decision-making, such as rational choice theory, as well as purely ethnographic approaches, fall short in accommodating emotions and memory, which held considerable importance for the decision-making processes of the collaborators in my three case studies.

In the third chapter, I will present the methodological approach of the research, followed by a brief overview of the UAE in Chapter Four. Decision-making processes of an individual never take place in a vacuum but are influenced by external factors. As migrants in the UAE, our collaborators' daily lives are highly influenced by the *kafala* system. The *kafala* system is a sponsorship system that regulates the migration and employment of migrant workers in the Gulf states. It is imperative to familiarize oneself with the context in which decision-making is taking place, to understand the negotiation processes between personal preferences, experience, external influences, and limitations.

Chapter Five portrays the different rumors and conspiracy theories I have been told by our collaborators. While the focus in Chapter Six is on Dagis, Suma and Mr. Otieno's decision-making process, I will collect the rumors and theories of our whole team in this chapter to show the bandwidth of circulating narratives and their different reception. As mentioned before, the aim is not to determine the truthfulness of these rumors and theories but to identify underlying

narratives that hint at a critique of existing power structures and are connected to colonial history in Africa.

In Chapter Six, I will focus on the decision-making processes of Dagis, Suma and Mr. Otieno. I dissected the processes into five aspects to give them an easier, more understandable structure: Rational considerations on means-end relations, norms, emotions, social interactions, and literary techniques. The different aspects are all interconnected, influence each other and sometimes stand in opposition. I chose to portray the processes on the basis of the three case studies to show that while there are recognizable patterns, the experiences and motives are very individual as are the ways of dealing with the respective information they were confronted with. Chapter Seven finalizes my thesis by summarizing my findings and discussing their meaning for the management of future crisis.

2. Theoretical reflections

Rumors and conspiracy theories, as well as decision-making, are central terms in anthropology that have been conceptualized in different ways by different scholars. In the following chapter, I will portray the definitions of the three concepts and discuss why I chose these approaches. In the first section, I will define rumors in accordance with the conceptualization of Feldman-Savelsberg et al. (2000), and exemplify the concept based on their research of a rumor around vaccination in Cameroon, which relates to my own case study. I will then define conspiracy theories based on the conceptualization of Pelkmans and Machold (2011). In a subsequent discussion of the two concepts, I will argue that they are not neutral, explanatory concepts but carry a normative connotation through which they function as a means of suppressing alternative viewpoints because their connection to irrationality and falsehood often pushes aside marginalized theories that challenge official narratives.

In the second part, I will give a brief overview of decision-making as an academic theme. I will point out several issues that have been identified in most conventional conceptualizations of decision-making. Although this critique is based on concepts from other disciplines, they are still relevant for anthropological understandings of decision-making processes. In the next step, I will introduce the anthropological conceptualizations of decision-making, namely the *rationalist approach* and the *ethnographic approach*. In the final step, I will conceptualize decision-making as an action along the definition of Heiss (2018) and Johnson-Hanks (2005),

following their critique that *rationalist-* and *ethnographic approaches* fail to integrate emotions and norms as constitutive aspects in decision-making processes.

2.1 Rumors, conspiracy theories, and the issue of normative charging

Different understandings of vaccinations and their purposes have been broadly discussed and framed as rumors in the academic literature of anthropology and public health. During the COVID-19 pandemic, rumors about its source and purpose, as well as rumors about the "real" purpose of the vaccine, i.e. those defaming its intention, were on the rise. Following Nkpa's (1975) argumentation, this is not a surprising development, as rumors tend to come up in times of crisis. A crisis is defined as a situation in which the "previously established social machinery breaks down", which can be caused by natural disaster, environmental changes, or war (Shibutani 1966: 172). The COVID-19 pandemic strongly affected the social machinery globally, posing a threat not just to individual physical and mental health, social relations, and livelihood, but also to health care and economic systems. The pandemic can thus be defined as a crisis that disturbed the established status quo and required adjustments to be made, which came in the form of politically imposed mitigation measures like lockdowns and vaccines, as well as measures on the individual level, like restricting one's own social contacts. Before discussing the role of rumors and conspiracy theories during the COVID-19 pandemic and its implications on the decision-making process of African migrants in the UAE, both concepts and their connection to vaccines shall be defined.

2.1.1 A theory of rumor

Rumors are a societal phenomenon that can be found in daily social interactions between individuals and groups. Feldman-Savelsberg et al. aim at going beyond the Geertzian "cacophony of voices" who understands rumors as miscommunication stemming from a clash of interests and perspectives (Feldmann-Savelsberg et al. 2000: 160, 170; Geertz 1973). They reach back to the work of several scholars to show the different aspects that were at play in their own case study about a rumor surrounding the vaccination campaign on neonatal tetanus in Cameroon in 1990 (Feldmann-Savelsberg et al. 2000). Allport and Postman define rumor as "a specific proposition for belief, passed along from person to person, usually by word of mouth, without secure standards of evidence being present" (1947: ix). Social psychologists, communication studies specialists, and folklorists view rumors as a form of individual and collective information-seeking in situations where incomplete information or mistrust of

official sources creates an information gap (Rosnow and Fine 1976: 18). Ambiguity and importance (Nkpa 1975: 340), as well as an atmosphere of general uncertainty and gullibility (Rosnow 1988: 15) are all important elements of rumors and their genesis.

These elements are best exemplified using the study by Feldman-Savelsberg et al. (2000). In the year of the Universal Child Immunization in 1990, the Cameroonian government implemented a vaccination program designed to immunize all women of childbearing age against neonatal tetanus. The result was somewhat unexpected by the healthcare workers, as schoolgirls fled their schools in sometimes dramatic ways, like climbing out the windows, to evade getting vaccinated by the mobile vaccination teams. The reason for their flight, which was supported by many adults in their communities, was based on the fear that the vaccines would sterilize them. The study of Feldman-Savelsberg et al. lays out the many layers that led to the emergence of the rumor about sterilizing vaccines and that spurred the reactions of schoolgirls, their families, and communities alike (2000: 159f). I will lay them out in short to clarify the concept of rumor on a comprehensible example.

The elements of rumors collected from Rosnow, Fine and Nkpa are evident in the Cameroonian case. The targeted girls received only brief, belated, and incomplete information from the vaccination teams. Furthermore, the official media in Cameroon had become untrustworthy due to the sociopolitical tensions at the time. The study shows, however, that while miscommunication is an important condition for the emergence of a rumor, it is not sufficient to explain its content and ramifications. In another study about rumors in African American culture, Turner found that rumors originating from the African American community often include analogies that connect the fate of the Black race to the "destinies" of Black bodies (1993: 137). Her research shows how rumors appear to explain ties between groups with unequal political, economic, or social power (Turner 1993), which relates well to the Cameroonian context.

Rumors must be seen in their historical and social context to be interpreted as a specific local reaction to international and national programs. In Cameroon, the French colonial health services were operating under the military and were mainly interested in the labor force's productivity. Large populations were vaccinated by force. French reports to the League of Nations and the UN show the Colonizer's complaints about resistance against immunizations and percentages of vaccinated populations, indicating the political importance of immunization (Feldman-Savelsberg 2000: 171). But even after most African countries became independent nations, vaccination campaigns, and family planning came to be connected with foreign aid and the limitations and condescension of donor nations (Riedmann 1993: 109f). The goal of 80%

vaccination coverage of the Universal Child Immunization Program was pushed with great speed and urgency in Cameroon, which was not only due to public health concerns but also to gain legitimacy and mobilize resources. Issues of legitimacy and resources played a big part in the cooperation between state institutions (in this case the Cameroonian Ministry of Health) and international institutions like the WHO (Feldman-Savelsberg 2000: 171f).

However, not only the former colonizing countries appear as the perpetrators in the rumors about potentially harmful vaccines, but also local factors and conflicts among different ethnic groups. In Cameroon, the rumor of sterilizing vaccines emerged amidst a constitutional crisis in 1983 when President Biya's administration heightened ethnic and regional tensions. The Beti and Bulu, who shared ethnicity with Biya, accused the Bamiléké of trying to dominate financial and intellectual life. These ethnic rivalries were later formalized in the 1996 Constitution and are still playing a big part in Cameroon's ongoing anglophone crisis. The authors emphasize that this competition fueled concerns about ethnic survival among the inhabitants of the Grassfields region, where the rumor originated, thereby politicizing the issue of fertility (Feldman-Savelsberg 2000: 172).

Feldman-Savelsberg et al. offer yet another interpretation of the rumor of the sterilizing vaccine by looking at it as an example of a local cultural interpretation of "new" technologies. It is conceivable for societies without a typical nosological classification for this disease to have a misperception of the intent of anti-tetanus vaccinations. Although injections and needles are by no means new technology throughout Africa south of the Sahara, they represent a "symbolic risk" (Gottlieb 1992: 155). The authors relate to Feierman (1986) and Janzen (1982) who state that Africans have their own medical ideas and theories, which public health professionals would refer to as "nonmedical," as they frequently relate to areas of personal and collective experience.

In summary, it can be said that to explain the emergence and content of rumors, one must go beyond the condition of miscommunication but must research the social, political, and historical context in which the rumor occurred, as well as the relevance it has for the people in question.

2.1.2 (Conspiracy) theories

Similar to rumors, many theories about COVID-19 that circulate through social media and word of mouth offered alternative understandings about the pandemic that deviated from the official narrative of governments and powerful institutions like the WHO. Many scholars do not

differentiate between the terms of "rumor" and "conspiracy theory" and use them interchangeably (see for example Ali 2020) as did several collaborators of our research team. While there are nuanced differences between the two concepts, the important aspect that unites both terms is that they are usually invoked to indicate the probable falsehood of a certain narrative. For scholars involved in studies on conspiracy theories, the academic attention can be delicate, as it carries the risk of being perceived as a conspiracy theorist unworthy of academic standing. Conspiracy theories may intrigue some individuals while provoking notions of paranoia in others. Regardless, the term "conspiracy theory" wields considerable influence. Merely invoking this label can trigger skepticism in listeners, casting doubt on the credibility of the proposed theory (Pelkmans and Machold 2011: 66).

Following Pelkmans and Machold's definition, I will start with conceptualizing the term "theory". When defining theories as proposed explanations for phenomena in the world, then merely labeling something as a theory does not inherently provide an assessment of its epistemic validity. It simply indicates that this explanation has not yet attained the status of an established "fact," making it susceptible to potential refutation. In a second step, they define conspiracy as pertaining to clandestinely planned or executed actions involving (at least two) actors. Typically, the term conspiracy conveys activities that are either illegal or, at least, contentious and thus necessitate secrecy to avoid public scrutiny. In its simplest form, a conspiracy theory is an idea that suggests an event happened because some people secretly planned and did things together (Pelkmans and Machold 2011: 68, see also Coady 2006).

The two authors further argue that conspiracy theories have to be understood within the fields of powers through which their trajectories travel. There are no persistent epistemological differences between conspiracy theories and other theories and yet, theories of conspiracy which are communicated by the powerful will never be labeled conspiracy theories even if they are evidently false (Pelkmans and Machold 2011: 77). This leads me to my critical discussion of rumors and conspiracy theories and the plead to a careful application of such normatively charged concepts.

2.1.3 Call for a careful application of the concepts

When considering the elements of rumors and their genesis as described in Chapter 2.1.1, it becomes clear that a careless application of the concept to explain anxieties and resistance toward vaccines is potentially problematic. Framing critical narratives surrounding vaccines as rumors prematurely implies that the individuals disseminating and believing such rumors are

gullible, mistrustful, and lack the ability to critically question their sources of information. Furthermore, Leach and Fairhead note, that especially in the representation of African contexts, rumors have been frequently used as explanations in apparent cases of mass refusal of vaccination. Invoking the theme of rumor "and its capacity to spread fast" among African populations, simultaneously portrays said populations as gullible (Leach and Fairhead 2007: 20). In the same vein Shibutani writes:

> "It is also customary to label as "rumor" those reports that one is inclined to question. […] Both popular and scholarly interest in the subject arises in contexts in which men are occupied with accuracy in communication, and "rumor" is one of the words used to designate falsehood" (Shibutani 1966: 4).

The concept of rumors is prone to carrying a normative connotation that assumes that there is a "right" and a "wrong" narrative, as well as a "gullible" and an "enlightened" approach to new information.

Pelkmans and Machold discussed similar issues for the concept of conspiracy theories. They argue that conspiracy theories must be understood within the fields of powers through which their trajectories travel. The negative connotation of conspiracy theories thus simultaneously functions as a tool to discredit theories that deviate from official accounts, thereby obstructing those who challenge the status quo. Pelkmans and Machold suggest that it is crucial for anthropologists (and social scientists in a broader context) to not solely emphasize the sense-making aspect of conspiracy theorizing. Instead, it is essential to treat the truth claims seriously and evaluate them, all the while being attentive to the distorting influences exerted by the power structures through which these theories circulate. The term "conspiracy theory" serves as a tool of oppression since its association with irrationality tends to sideline subaltern theories that allege an official conspiracy, making them susceptible to mockery (Pelkmans and Machold 2011: 77).

Especially in the case of vaccination, there are many actors at play that follow their own agenda, as the research of Feldmann-Savelsberg et al. (2000) shows. Furthermore, discourses around vaccination are often highly moralized by those supporting it, and getting vaccinated becomes a moral act to protect the community against infectious diseases. Following this logic, vaccinations are more than an individual decision but are perceived as an action for the greater social good (Wentzell 2017). Conceptualizing a piece of information as a rumor or conspiracy

theory should thus not be done prematurely but only after careful examination of the sources, the context, and with regard to existing power asymmetries.

In this thesis, I will portray the rumors and theories that our collaborators have reported on regarding the vaccine, as they played an important role in their decision-making process. However, the scope of the thesis does not allow for an extensive evaluation of all the sources, reasons, and characteristics of the actors involved in the dissemination of rumors and conspiracy theories surrounding COVID-19, nor of the contexts in which they emerged. The goal is thus not to evaluate the accuracy or the sense-making aspect of these rumors, but to show the underlying narratives that connect all of the rumors and how these narratives influenced the decision-making process of our collaborators. To circumvent a normative charging of these underlying patterns, I will use the term narratives, as it allows for a more open and less normatively charged conceptualization. In those cases, in which our collaborators have used the term "rumor" or "conspiracy theory" themselves, however, I will retain their formulation and also call the narrative in question a rumor or conspiracy theory.

2.2 Decision-making

After portraying and critically discussing the concepts of rumors and conspiracy theories, I will move on to explaining the theory behind the biggest part of this thesis: decision-making. A decision is commonly defined as "a choice that you make about something after thinking about several possibilities" (Cambridge Dictionary). Decision-making is, therefore, a cognitive process through which a decision is made. Having free will and choice are ideas that are deeply rooted in Western thinking. In medieval theology, the concept of "free will" was the basis for understanding the relationship between God and an individual person. It was, however, a very contradictory concept, as people were, on the one hand, considered to be free to make their own choices, while their actions were, on the other hand, seen as being determined by natural desires and instincts. In his treatise on theology, *Summa Theologica*, Thomas of Aquinas (d. 1274) postulated the duality of human nature as composed of a body, governed by natural causes, and a soul, governed by reason. According to this idea, the human's capacity to reason allows us to make free choices and consequently opens up the ability to make moral and ethical considerations on what a righteous action constitutes (Boholm, Henning, and Krzyworzka 2013: 98).

In today's neoliberal societies, the idea of free will and choice does not structure the relationship between God and individual persons to the degree it used to do. "The idea of

freedom and the free conduct of individuals […] becomes the principle by which government is to be rationalized", as Dean states. Free will and choice thus shape the relationship between citizen and state, as well as consumer and market in our contemporary neo-liberal societies (Dean 1999: 155). In our daily lives, we have to make countless decisions, starting from what to wear in the morning, which brand of butter to buy, whom to choose as a partner, and what career path to follow. In the end, it is our decisions and those of others that constitute who we are and who we become.

There is a huge amount of theoretical and empirical studies on how people make decisions, predominantly rooted in disciplines like economics, psychology, political science, organization studies, and philosophy. However, there are fewer anthropological theories dealing with the topic. In the following subchapters, I will first give a brief overview over the evolution of decision-making as an academic theme and then focus on anthropological conceptualizations, all the while collecting critiques to these existing theories. As an answer to the critique, I will lastly conceptualize decision-making as an action in line with Heiss (2018) and Johnson-Hanks (2005).

2.2.1 The evolution of decision-making as an academic theme

Decision analysis as a scientific field of study emerged in the United States in the 1960s and was derived from economics and game theory. These studies focus on the rational nature of decision-making, and it is mostly applied in business, management, planning, public administration, health, and environmental policy. Methodologically, most studies are dominated by deductive testing of hypotheses using statistical modeling and controlled laboratory experiments, while others are increasingly inductive and exploratory of social life in realistic settings. Non-anthropological scholars tend to approach choice and decision-making quite differently from anthropologists as they are often more focused on normative issues. Their main questions are whether decisions are "good" or "bad", "right" or "wrong", and how decision-making processes can be influenced in order to make the "right" decisions (Boholm, Henning, and Krzyworzka 2013: 98).

Our decisions influence the lives of people around us as much as our own and therefore always have a moral dimension to them, although today it is less about concerns for one's transcendental afterlife than about larger societal issues (Boholm, Henning, and Krzyworzka 2013: 99). The main theme of this thesis offers a very current and controversial issue to elucidate this point. The decision whether to get vaccinated against COVID-19 is an example

of how individual decision-making processes are linked to larger concerns of public health. To reach herd immunity, up to 60 to 70% (in the case of SARS-CoV-2) of a population must have reached immunity against the virus either through previous infection or vaccination so that even the other 30 to 40% are protected by the immune population. Achieving herd immunity naturally through uncontrolled transmission from one person to another would lead to a high number of deaths until herd immunity can be reached. The vaccination, on the other hand, is being advertised as a "safe" alternative to reach herd immunity and save lives that are at risk through uncontrolled transmission of the virus (WHO 2020). This principle of herd immunity thus connects individual preferences to structures of social ordering.

Since the advent of decision analysis, scholars have pointed out a series of recurring issues. In most prominent theories that have been developed since the dawn of decision analysis, one major question that runs through the literature is the issue of defining rationality. It is problematic to use rationality as an unquestioned presupposition as there are open questions on how rationality can be determined, whether there are different degrees of rationality and whether it is singular or multiple, static, or variable, temporal, or situational (Boholm, Henning, and Krzyworzka 2013: 98ff). Furthermore, Langley et al. (1995) point out three issues they find recurring in conventional conceptions of decision-making, namely "reification", "dehumanization", and "isolation".

The first limitation they identified is the error of "reification", by which *decision* is treated like an object rather than a social construct or process. Many theories are based on the assumption that decisions can be clearly identified through "a moment of 'choice'" (Langley et al. 1995: 264). However, due to this ambiguous ontology of *decision*, it is not always clear if there is a decision being made and even if so, what it contains or how it came into being (Boholm, Henning, and Krzyworzka 2013: 100).

The second limitation that Langley et al. identified is the error of "dehumanization", which correlates with the earlier-mentioned issue of evaluating decisions normatively. Based on the assumption that decisions are made on purely rational considerations (which in itself cannot be clearly defined as mentioned above), many theories ignore "irrational" aspects such as imagination, emotions, experience, and memory. Consequently, it is assumed that people who share the same information and preferences will come to the same decision. This assumption, however, does not prove to be true in reality (Langley et al. 1995: 264; Boholm, Henning, and Krzyworzka 2013: 100).

According to the third error Langley et al. identified, "isolation" points to the idea that decision-making can be examined separately from other activities of the decision-maker. The

processual nature of decision-making prevents a clear distinction between preparation, like gathering information and weighing up alternatives, and making a decision. It is therefore not possible to clearly delineate between different decisions, and thus also impossible to define a singular decision as an isolated unit of analysis (Langley et al. 1995: 264; Boholm, Henning, and Krzyworzka 2013: 100f).

2.2.2 Anthropological theories of decision-making

While Langley et al. raised their critique principally with regard to studies of organizational decision-making, it can be equally applied to anthropological studies of decision-making. As mentioned above, humans have to make various decisions and choices in their daily lives. Anthropologists have studied different modes of life all around the world, resulting in an extensive body of literature on culture-specific decision-making practices. Many of these studies, however, only implicitly deal with decision-making. Even though decision-making is more directly addressed in political and economic anthropology, which is concerned with understanding how entrepreneurs or political agents make strategic decisions to maximize value, the topic has received insufficient scholarly attention regarding its universal relevance. Boholm, Henning, and Krzyworzka substantiate this claim with their observation, that even an extensive volume like the *Handbook of Economic Anthropology*, which was edited by James Carrier in 2012, lists only one author under the theme "decisions" in its index (2013: 102).

Even though decision-making has rarely been addressed explicitly, anthropological literature still offers a basic understanding of how decisions fundamentally work. Within those studies that discuss decision-making explicitly, there are two basic approaches, which Heiss calls the *rationalist approach* and the *ethnographic approach* (2018: 237). The *rationalist approach* assumes that decision-making has a universal structure and follows the same pattern regardless of the context or content of a decision. It developed in the same vein as rational choice theory and understands decision-making as a process of an actor's rational assessment of personal preferences and specific circumstances with the goal of maximizing benefit (Boholm, Henning, and Krzyworzka 2013: 102f; Heiss 2018: 237). The assumption is, that the actor is always motivated to fulfill their preferences, wishes, and desires, which could be for example health, wealth, prestige, or sensual pleasure. After considering all options available, the actor decides on the option that grants them what they wish for. This means, that "wrong", "inefficient" or "irrational" actions only occur due to a lack of information (Becker 1976: 5ff).

While the *rationalist approach* has been widely applied by various anthropologists, some scholars identified several shortcomings of the approach. The first critique they raised is that in anthropology, the *homo economicus* is understood as a socially embedded actor, who is not solely interested in value maximization but is equally driven by culturally informed social norms and morality. Apart from a maximization of benefit, a person might thus strive to reach some level of personal satisfaction, live up to certain ethical standards, or fulfill altruistic goals (Boholm, Henning, and Krzyworzka 2013: 103; Heiss 2018: 239; Heinrich 2002: 2). Another issue that has been noted by several scholars is that the cognitive process through which actors decide is inadequately captured by the rationalist approach. To cite an example, some actors tend to put the same level of trust in smaller sample sizes as in bigger ones when drawing their conclusions (Heiss 2018: 239; Heinrich 2002: 11).

The most relevant critique for this thesis, however, is the issue of integrating emotions, memory and norms into the *rationalist approach*. In Ensminger's article "Reputation, Trust, and the Principal Agent Problem", which is based on her case study of herders in Kenya, she discusses how emotions and norms affect decision-making. Herd owners in Kenya are entrusting their stock to herders, which they choose carefully based on trust. The herd owners in Ensminger's description do not put their trust in someone lightly, they do so based on thorough rational consideration. According to her reasoning, the basic functioning of the rational choice theory still applies:

> "[…] trust appears to be the antithesis of strategic calculation. But as we examine the process by which it evolves, we see that in fact it is quite carefully calculated. […] Trust occurs never randomly nor prematurely. It occurs in direct measure to a decreased risk of the probability of cheating […]" (Ensminger 2001: 199)

The actors in her example rationally assess their personal preferences and specific circumstances. This line of reasoning, however, is unable to accommodate situations in which trust is granted without previous considerations, as Heiss rightly states. Or as I will show in a later example, trust is (not) granted based on "gut feeling" that is inexplicable even to the actor. Therefore, emotions' role can be only insufficiently explained (Heiss 2018: 239f). As a result of these issues, several scholars proposed a different approach to studying decision-making. Heiss, Johnson-Hanks, as well as Boholm, Henning, and Krzyworzka, suggest an approach based on phenomenology, or as Heiss calls it, an *ethnographic approach*. This approach refrains from defining prematurely how a choice is identified and perceived but focuses on the cultural

and social understandings of decision-making in a given context and situation (Heiss 2018; Johnson-Hanks 2005; Boholm, Henning, and Krzyworzka 2013).

2.2.3 Decision-making as an action

To circumvent the issues that arise when decision-making is reduced to a purely cognitive process, Heiss and Johnson-Hanks propose conceptualizing decision-making as a form of action (Heiss 2018; Johnson-Hanks 2005). In social sciences, "action" is defined as behavior that an actor employs to realize a prior intention. To get a nuanced definition of action, it is helpful to turn to phenomenology and philosophy. According to Searle's essay on intentionality, there is no action without intention. However, a person does not act just to achieve their intention, but the action itself always entails the intention. Searle clarifies that with the following example:

> "[…] the action of my raising my arm consists of two components, the intention in action and the movement of the arm. Take away the first and you don't have an action but only a movement, take away the second and you don't have success, but only a failed effort. There are no actions, not even unintentional actions, without intentions, because every action has an intention in action as one of its components." (1983: 107)

The important distinction thus is not between intentional versus unintentional actions as even the most trivial attempt to do something is what constitutes an intention in action. However, intentions in action have little relevance to social scientists since they are simply a cognitive representation of the physical movement, while social actions like voting, signing a contract, or getting vaccinated are tied to intentions that are prior in time and causality to the action (Johnson-Hanks 2005: 365).

Action with a prior intention, therefore, corresponds with the means-end idea of rational choice theory. Schütz argues that the means that are necessary to fulfill a prior intention can only be selected if the intended outcome is envisioned as actualized. Action with a prior intention thus requires the actor to imagine the intended act as realized so that the actual completion of the envisioned outcome aligns the mental representation with the external state of the world (Schütz 1967: 61; Johnson-Hanks 2005: 365). Actions with prior intentions consequently "*bear the temporal character of pastness*" and are "thought of in the future perfect

tense" (Schütz 1967: 61, emphasis as in original text). Both Schütz and Searle's descriptions emphasize the temporal character of intention. As Johnson-Hanks points out, action follows intentions just as memory follows experience (2005: 365), quoting Searle who brings it all together in an example:

> "[…] the prior intention to raise my arm is to the action of raising my arm as the memory of seeing a flower is to seeing a flower; or rather the formal relations between the memory, the visual experience of the flower, and the flower are the mirror image of the formal relations between the prior intention, the intention in action and the bodily movement." (1983: 95)

Memory and intention are both about a combination of a physical phenomenon, like the movement of raising my arm or a thing like a flower, and a cognitive phenomenon, such as the intention in my action of raising the arm or the visual experience of a flower. However, while the physical phenomenon of seeing a flower happens before the cognitive phenomenon in the case of memory, it is the other way around in the case of intention, where the cognitive phenomenon precedes the physical. While for Searle intention and action, and memory and perception, are two things, they are not necessarily separate for Schütz. He sees intention as entailing an experience that resembles memory in the sense that the outcome of an action is seen in the mind as a future memory (Johnson-Hanks 2005: 36).

Decision-making, which is understood here as an action with prior intention, has a processual character. A desirable outcome is imagined and chosen among different options to consequently consider the necessary means for implementing the envisioned goal. However, a decision-making process occurs only when the actor does not know what to do immediately. Ethnographic studies show that people interrupt their actions to engage in decision-making processes to reflect on their desired outcome and how to proceed to achieve their goal (Heiss 2018: 341). Heiss brings up Johnson-Hanks's example of Marie, a young Cameroonian woman who accidentally falls pregnant. This unforeseen event prompts her to enter a lengthy process of reevaluating her possible future and deciding which path to take. Marie is caught between the options of marrying the child's father and becoming a housewife or giving up the child through abortion or adoption to continue schooling. She then follows her father's wishes to marry her child's genitor and move into his household. In her new home, however, she is suffering under her mother-in-law and decides to return home, with the consequence of leaving her child behind. Both decisions, moving in with the child's genitor and returning home, evolve

gradually over time and through different stages. She progressively understands and discovers the different aspects of her situation on which she bases her actions (Heiss 2018: 341; Johnson-Hanks 2002: 872ff).

Action with a prior intention resembles the means-end aspect of the rational choice theory, as actors use rational cognition on said means-end relations to choose one option among others. To exemplify this point, Heiss refers to Krzyworzeka's example of the farmer Wieslaw, who bases his choice on which potato type to plant in accordance with his plans to stay in a sanatorium in autumn (Heiss 2018: 341; Krzyworzeka 2013: 132)

While action resembles the means-end aspect of rational choice theory, that does not make it its dominant factor. Emotions, norms, and habits are fundamental parts of action according to Weber's classical definition (Weber 1922: 12). Heiss claims that emotions trigger deliberations on which course of action to take to realize the prior intention that has been generated by an emotion. His description of Musa's decision-making process shows the role of emotions very clearly. Musa finds himself in an economically tight situation, which triggers his anger. This leads him to consider possible options on how to move on, which are also connected with certain emotions. The thought of leaving his home and thereby abandoning his father fills him with shame, while the option of becoming a petty trader gives him hope. Heiss writes about Musa's emotions:

> "These emotions are not only concomitant with the whole process of decision-making, but also play a constitutive role in it. The anger intensifies his efforts to search for a solution, shame mitigates his incentive to migrate to Nigeria, and the hope of finding his way out of his impasse by becoming a petty trader motivates him to reflect in that direction. In Musa's case, emotions provide incentives to act and to pursue the corresponding courses of deliberation." (Heiss 2018: 252)

This excerpt of Musa's story, however, does not only contain emotions but also showcases the role of norms in his decision-making process. The relationship between Musa and his father played an important role in his decision-making process. Social norms around the father-son relationship heavily influenced Musa's decision-making process even after gaining economic independence from his father. His feeling of responsibility towards his father, which would mean staying put in Niger, stood in contrast to his means-end deliberations about going to Nigeria to better his economic situation (Heiss 2018: 347). Similarly, the Polish farming

families in Krzyworzeka's case study show a clear division between female and male fields of competence in which the respective other gender does not interfere (Krzyworzeka 2013).

Another important aspect that influences decision-making processes is memory. As has been noted before, decision-making only occurs in situations in which the actor does not immediately know what action to take. The course of the decision-making process that is sparked in such a situation is highly dependent on whether the actor is familiar with the situation and can revoke memories that help to grasp the situation. In such a case, a fundamental evaluation of the situation is not necessary, and the actor only has to consider the details. If the situation is completely unfamiliar, however, the actor must analyze all options more extensively and take more time to plan the next steps (Heiss 2018: 241).

To navigate unfamiliar situations, the actor might employ literary techniques to consider the best options and how to reach them (Heiss 2018: 241f). Writing down lists with pro and contra arguments for one or another possible option is just one literary technique to make a choice. Finally, Krzyworzeka's research shows the importance of social interaction. She hereby distinguishes between temporary and cumulative consultations. The farmer Wieslaw engages in temporary consultations about whether he should plant potatoes this year with his wife, his brother-in-law, and the representative of the firm buying up potatoes. Simultaneously, Krzyworzeka describes the continuous conversations between farmers that she first thought of as chit-chat about "everything and nothing", but which she later understood to be a long-term strategy for collecting information about different issues. This information did not necessarily concern issues that required quick decisions but were accumulated, confirmed, and negated over time and recalled and activated to aid decision-making when a relevant issue arose (Krzyworzeka 2013: 131f).

In summary, decision-making is conceptualized here as an action with prior intention, as it is a purposeful activity that follows a previous idea of the desired outcome. The actor engages in rational reflection on means-end, but might also take emotions, norms, and memory into consideration or employ strategies such as literary techniques or engage in social interaction. Lastly, decision-making is a gradual process that develops over time. This conceptualization of decision-making as an action will be further illustrated in the three case studies in Chapter 6.

3. Collaborative research under COVID-19 constraints

This thesis developed as part of the research project "Communication during and after COVID-19: (re)producing social inequalities and/or opportunities among African migrants in the United Arab Emirates and China" which is funded by the Volkswagen Foundation as part of their initiative "Corona Crisis and Beyond – Perspectives for Science, Scholarship and Society". The project is part of the larger research unit "The Production and Reproduction of Social Inequalities: Global Contexts and Concepts of Labor Exploitation" based at the Global South Studies Center in Cologne. After working on the project as a student assistant for approximately one year, I got offered the opportunity to conduct research in the UAE in early 2022 and write my thesis as part of the project. The focus of my research was derived from the data and conversations of the broader research team and later refined through more in-depth data collection during a three-week research stay in the UAE, more specifically in Abu Dhabi and Dubai.

The research is of a qualitative nature and is therefore limited in its scope. The goal is thus not to make generalizing statements about the attitude of a specific group towards the COVID-19 vaccine, but to empirically map out the decision-making process of African migrants in the UAE regarding the question of whether to get vaccinated against COVID-19 or not.

3.1 The Participatory Methodological Approach

The project "Communication during and after COVID-19" stands out due to its collaborative methodology. This approach known as participatory research emphasizes a bottom-up perspective and involves individuals of the researched community as part of the research team. In the case of this project, the research team consisted of two principal investigators (Michaela and Jonathan)[1], two student assistants, one master's student based in Germany, and one master's student based in Nigeria (the latter two joined in January 2022 to write their thesis on the project), as well as eight African collaborators based in the UAE. The collaborators were recruited through preexisting networks of the principal investigators, as well as through word of mouth. All of them were from various African countries in the West, East, and the South of Africa. The group was furthermore diverse in gender, religious affiliation, and occupation.

---

[1] Michaela Pelican and Jonathan Ngeh are listed here by name as they also appear in a later chapter. We were simultaneously doing research in the UAE and visited Suma's company accommodation together.

This collaborative approach has been chosen for two reasons. Firstly, integrating individuals from the researched community as collaborators on eye level allows for better integration of their own ideas and theories (Cornwall and Jewkes 2010: 1668). They were part of all steps of the research process, from discussing the research questions to collecting data and analyzing it. This foots on the basic understanding that knowledge production is a collaborative process and therefore should involve diverse actors that are positioned differently[2]. Collaborative research not only allows for a much broader set of data, as differently positioned actors bring in their unique experiences and relations, but different actors expose alternative interpretations of the data. In the process of analysis, these different interpretations are sought to be reconciled, thus allowing for a more holistic theory in the end (Starbuck 2006: 146). Moreover, the integration of collaborators permits the minimization of asymmetrical power relations that are often in play between the researcher and other research participants or informants in more traditional approaches (Cornwall and Jewkes 2010: 1668). While this approach surely is a step toward more empirical equality, it did not completely erase power asymmetries within the research team that stem for example from hierarchies within universities (e.g., students – professors), as well as broader structural inequalities based on nationality and financial potency of the different team members that enabled some members to move more freely, safely and internationally than others.

The second reason for choosing this research approach was the feasibility of doing research under the restrictions that resulted from the COVID-19 pandemic. Ethnographic methods of data collection such as participatory observation, face-to-face interviews and just "being" in the field were impossible, especially at the beginning of the project. The collaborative strategy was selected to conduct research across borders on a quickly evolving and changing situation in times when the "normal" *modus operandi* was untenable. It followed Salazar's advice to anthropologists to move beyond disciplinary training to successfully undertake research in times of crisis (Salazar 2020: 1f).

Before the team members from Germany were able to go to the field, the data collection relied heavily on the collaborators in the UAE. Each research participant was asked to write a weekly report that consisted of two parts, which were discussed by the whole team in weekly online meetings. As a student assistant, I also took part in the weekly report writing to contribute

---

[2] This understanding of knowledge production is key to the special project on COVID-19 of the research unit: "The Production and Reproduction of Social Inequalities: Global Contexts and Concepts of Labor Exploitation", as noted on the project's website: https://socialinequalities.uni-koeln.de/projects/special-project-communication-during-and-after-covid-19 (last access 04.02.2024)

a perspective from Germany. The first part was a weekly autoethnographic diary about how the pandemic impacted our personal lives, issues we encountered regarding COVID-19, or news we read and how they made us feel. The second part was an essay that was always tied to a certain theme that the group had jointly decided on. These themes usually crystallized out of the weekly discussions the team held to reflect on the issues that were raised in the previous reports and that required further information. Since team members in both locations, the UAE and Germany were contributing their weekly reports, the differences, and similarities of the different contexts became visible. Furthermore, this regular, autoethnographic method later allowed an understanding of how situations, attitudes, and emotions changed. Through that, decision-making processes could be traced, and patterns identified.

Due to the restrictions on movement, the pandemic had brought about, the team heavily relied on online communication tools such as the conference platform Zoom or the chat application Signal. The discussions were recorded, and minutes were taken during each session by one of the team members. Recordings of discussions that were deemed especially fruitful were transcribed later on. Altogether, the reports, discussion transcripts, and minutes made up the biggest part of the data.

Apart from the data derived from our regular meetings and reports, all members conducted several interviews. Whether an interview was conducted as a semi-structured interview face-to-face, or as a structured interview via a messenger application such as WhatsApp or Signal, depended on the respective situation of our collaborators. As some collaborators were living in crowded spaces and worked long hours, finding the time and a quiet place to conduct an interview proved to be somewhat difficult in some cases. However, semi-structured interviews were generally preferred as they hold several advantages for the research as compared to structured interviews. As Brinkmann states, semi-structured interviews "can make better use of the knowledge-producing potentials of dialogues" since they have more leeway for asking follow-up questions on whatever is deemed relevant by the conversing individuals (2020: 437). Each collaborator transcribed their interviews by themselves with the software happyscribe.com. This program created automatic transcriptions that then were double-checked by each interviewer to ensure a correct transcription.

3.2 Going into the field

When I went to the field in March 2022, I relied on the relationships I had already built with our collaborators during my work as a student assistant in the project. Given the short time

frame of the research stay, these relationships were vital, since building trust to talk about personal, health-related issues takes time. The main objective was, therefore, to deepen the preexisting relationships on a one-on-one basis, as we had mostly met in groups and exclusively online before.

I prepared for my research stay by reading literature related to the UAE and the broader Gulf, as I had never been to the region before. Furthermore, I was especially interested in literature about African migrants in the UAE and how the *kafala* system, which will be introduced later, ordered migrant life. Although the work with the collaborators had already produced a lot of data before traveling to the UAE, it was important to go to the field to understand the information within its specific context. Understanding and creating context is one of the most important features of ethnography, as Gay y Blasco and Wardle state:

> "Ethnography is premised on the idea that contextualization can provide us with an explanation of the scattered and sometimes puzzling details that make up human social experience by showing these as elements of the 'weave' of society and culture. […] The creation of context is the process in which sociocultural specifics are ordered and combined within a more or less integrated larger picture." (Gay y Blasco and Wardle 2007: 37f)

Although the COVID-19 pandemic affected people all over the world, the political and social reactions towards it differed locally. Spending time in this specific context was imperative to understand these differences and their underlying reasons.

Simultaneously with my planned research stay in the UAE, three other research team members from Germany were doing research there too. We therefore partly lived together in an apartment and engaged in social activities together. In the following, I will therefore switch between "I" and "we" without specifying all participants each time. During the fieldwork, I spent "leisure" time with the collaborators as often as their schedules allowed, to get to know them better, and to get to know the places they frequented. Due to the sensitivity of our research content, I could not conduct participant observation at their job sites, except as a visitor to the Expo. However, we visited one of our collaborators in a labor camp in Abu Dhabi (although I was not allowed into the men's quarters as a woman), and I spent one night in the partition (shared housing) of another collaborator.

I conducted several semi-structured interviews in person that were tailored toward my own research questions. However, the data from interviews done by other collaborators were

equally used to develop the argument. In 2022, the research unit published our findings up to that point in the form of a podcast. As we are equal collaborators in the project and the output of this research is therefore a team effort, it was up to each collaborator to decide whether to go by a pseudonym or their real name in all outputs of the project. I decided to honor the decision of our collaborators and use the names/pseudonyms they chose for themselves. Table 1 lists all collaborators who will be quoted in this thesis with their occupations:

Table 1: Collaborators

Name	Occupation
Suma	Event designer
Dagis	Travel agency employee
Mr. Otieno	Hotel staff/Expo 2020 tour guide
Ellah	Tour guide at the Expo 2020
Yewande	Nursing assistant
Sam	unknown
Ahmed	unemployed

4. A brief overview of the United Arab Emirates

To understand the context in which the decision-making process of our collaborators took place, I will introduce the UAE briefly. I will put a special focus on the *kafala* system, which regulates migrant life in the UAE and had considerable influence on their decision-making processes. The UAE is a desert country in the Arabian Peninsula's southeast on the Persian Gulf, bordering Saudi Arabia to the south and Oman to the east. It is a federation consisting of seven Emirates (principalities): Abu Dhabi, Dubai, Sharjah, Fujairah, Ajman, Umm Al-Quwain, and Ras Al-Khaimah. The UAE is one of the wealthiest countries in the world, ranking seventh in Gross Domestic Product (GDP) according to the International Monetary Fund. National wealth is primarily based on the country's oil: the UAE holds 8.9% of the world's oil reserves. Abu Dhabi as the oil-rich capital of the federation and the glamorous Dubai as its commercial hub are arguably the most famous Emirates, while the other five smaller and less wealthy Emirates are less known internationally (Sharp 2023: 1f).

This is also reflected in the country's politics, as the federation's president is also the ruler of Abu Dhabi, and the vice president is the ruler of Dubai. They each serve 5-year terms and are technically elected by the Federal Supreme Court, which is composed of the leaders of

each of the Emirates and is the country's highest political institution. In practice, however, positions at that level of the UAE leadership change only when an incumbent dies. The UAE does not have an independent legislative body, although it has ensured some formal popular representation of citizens through a 40-member consultative Federal National Council (FNC). While the FNC can debate legislation and review government policies, it cannot enact independent legislation. Half of the FNC seats are appointed while the other half are elected. However, the right to vote is limited and only selected UAE citizens can vote directly (Sharp 2023: 4). International observers have heavily criticized the absence of free elections, universal suffrage, the crackdown on opposition activists, the treatment of migrant workers, and other human rights issues such as restrictions on freedom of speech, peaceful assembly, and free press (Sharp 2023: 5; Freedom House 2021).

Since the UAE's birth as a nation in 1971, the country has become a popular holiday destination, a hub for commercial and financial services, with a strong corporate sector and a well-developed infrastructure (Khalaf 2002: 15). Abu Dhabi, Dubai and Sharjah, which are now among the most modern cities in the world with famous landmarks like the Burj Khalifa, were almost entirely built in the last 50 years. However, this rapid development would not be possible without the labor power of the many migrant workers. The Arab Gulf, or more specifically the Gulf Cooperation Council (GCC) nations of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the UAE, is the world's third-largest receiving node of migrants (Lori 2020: 127; Valenta 2016: 4). Saudi Arabia and the UAE are the major recipients of labor migrants among GCC members, with a significant rise between 1990 and 2013 (Valenta 2016: 6). Emiratis make up only 11.48% of the total 9.5 million people in the UAE, while the 27.5% Indians and 12.7% Pakistanis make up the biggest migrant groups besides other major communities from Bangladesh, Iran, Philippines, Egypt, Nepal, Sri Lanka, and China. Although country-based statistics on the UAE's population are usually not publicized, the United Nations Department of Economic and Social Affairs estimated that there were 3.6 million migrants from African countries residing in the GCC in 2019, and the numbers are increasing (Alexander 2021: 1).

Our collaborators, like the majority of West and East Africans in the UAE, have a formal education in their countries of origin and have more advanced professional degrees compared to other migrant groups in the UAE (cf. Alexander 2021: 2). However, most African migrants are confronted with chronic deskilling because their educational certificates are not recognized, or they lack work experience in the UAE. The labor market in the UAE is, on top of that, highly racialized as jobs and salaries tend to be associated with certain nationalities. African migrants

find themselves at the bottom of this hierarchy despite their qualifications, as the data of Malit and Tchiapep shows (2013: 16ff).

In the UAE, migration is virtually solely centered on labor supply. Non-citizens are thus not "immigrants," but contractual employees with no entitlement to permanent settlement or citizenship. Migration is entirely regulated through the *kafala* system. The *kafala* system is a sponsorship system in which a migrant enters a contract with a sponsor (*kafil* or *kafeel*), who is subsequently economically and legally accountable for the migrant worker and to whom the migrant is bound throughout the contract period. The *kafeel* is either a Gulf national citizen or a firm sponsor (Lori 2020: 127); nonetheless, corporations must be 51 percent held by a UAE citizen (Vora and Koch 2015: 545). The only exception to this rule applies to foreigners who meet certain criteria such as a specific minimum monthly salary, which allows them to employ workers in the domestic sector such as housemaids, nannies, drivers, etc. (Ngeh and Pelican 2018: 172). It is, on the one hand, the *kafeel's* responsibility to inform the authorities about any contractual changes regarding the sponsored migrant. On the other hand, however, he is authorized to restrict the migrant's mobility, change of employment, and housing situation, giving employers a lot of power over migrants. A big part of the responsibility of regulating migration and governing migrant workers in the UAE is thereby shifted from the state to individual citizens (Ngeh 2022: 3; Longva 1997). These structures of migration management are important when tracing the decision-making processes of African migrants toward the COVID-19 vaccine because it shows the strong dependence on their employer in many aspects of their lives.

Furthermore, the high level of surveillance and control of free speech complicated our research at times, especially during fieldwork. Although we spoke relatively freely in our online team meetings, I experienced reluctance or even warnings to address certain topics while in the UAE. These concerns were not unfounded. When considering the annual Freedom House report of 2021, the country's chief prosecutor warned all residents not to spread false information about the pandemic, since this would be regarded as a criminal offense. Voicing thoughts, doubts, or critique about COVID-19 and the government's way of handling the pandemic, could therefore be potentially risky for all the research participants. The Freedom House report awards 0 to 4 points for each of the 10 political rights indicators and 15 civil liberties indicators for each country. Based on the sum of these points, the country is given a status as free, partly free, or not free. According to this report, the UAE is awarded only 1 of 4 points for the question "Are individuals free to express their personal views on political or other sensitive topics

without fear of surveillance or retribution?" and is awarded the status "not free" (Freedom House 2021).

I was warned about these issues even before I flew to the UAE to conduct research. Through a family friend, I got into contact with Ebrah, a British woman who lived in the UAE and worked as a teacher. We had a conversation via Zoom to get to know each other to see if I might be able to stay with her and her family for some time while conducting research. After learning about my research topic, she firmly warned me about conducting research on the pandemic, as well as with, and about migrants in the UAE. She said that the autocratic government (her wording) was very strict about which kind of information is circulated and how the Emirates are portrayed. Furthermore, she warned me that the UAE is a highly surveilled country so confidentiality of private conversations should not be lightly presumed.

Ebrah's sentiments were reaffirmed during one of our team meetings in the UAE. After conducting our weekly team meeting in person in a public place in Abu Dhabi, we continued talking about the UAE. Josiah, the youngest of our collaborators, a 21-year-old international student from Eritrea, shared his rare insights into Emirati life. Josiah usually talked loudly, energetically, and fast. What stood out to me in this conversation, however, was that he changed his speaking style drastically when addressing the war between the UAE and Yemen. He lowered his voice, suddenly talked very quietly, and leaned toward his listeners, as if he worried somebody would be listening. It was situations like these among others, that showed how the constant possibility of being monitored and persecuted for one's opinion seemed to be anchored in the consciousness of many individuals living in the UAE, thus causing me to proceed my fieldwork with caution to not endanger myself or our collaborators.

5. Narratives about the COVID-19 vaccines

Since the first successful immunization of a person by the English physician Edward Jenner in 1796, vaccinations have been further developed and researched for various diseases. While the practice of vaccination spread, it was not until Leslie Collier, another English scientist, developed a method to produce a more heat-stable vaccine that would not deteriorate as quickly in a hot climate and therefore could be used worldwide. This discovery simplified the unwieldy logistics of the original vaccine, which had required an unbroken cold chain. It made large-scale vaccination schemes possible for the first time, like the World Health Organization's Intensified Smallpox Eradication Program which started in 1967 and successfully eradicated

smallpox globally (WHO 2010). However, vaccination has never been an undisputed matter and the anxieties and fears of some people about the risks a vaccination might entail have persisted, as can be observed in recent reports about resistance against the COVID-19 vaccination campaigns globally. These concerns are not new; they are rooted in the past use of vaccinations for population control and the specific health risks attached to them (Capurro et al. 2018: 26). They are, furthermore, not limited to a special regional or cultural context, but can be found in different forms in various places.

To make sense of the decision-making processes of African migrants on whether to get vaccinated or not, it is helpful to capture the rumors surrounding the COVID-19 vaccines, as they strongly affect our collaborators' attitudes towards it. In this chapter, I will use the terms rumor and conspiracy theories as emic terms for narratives that were communicated to me as rumors or conspiracy theories by our collaborators themselves. Nonetheless, whether they selected these terms due to the narratives they mentioned being categorized as rumors by authoritative entities such as the UAE government and international organizations like the WHO, or because they themselves harbored doubts about the accuracy of those narratives, would necessitate additional investigation.

While African migrants in the UAE form a diverse group of different nationalities, genders, ages, occupations, and religions, two underlying narratives could be identified which all of the following rumors foot on and that shaped the attitudes of our collaborators toward the COVID-19 vaccines. Each collected rumor could offer the potential for its own extended analysis. For the purpose of this thesis, however, I find connecting these narratives with the decision-making processes of the three case studies portrayed in Chapter 6 important.

5.1 Old and new narratives

Suma is a serious and reliable man in his early 30ties. He had quite an impressive appearance when I first met him, with his tall and slender silhouette and his chic clothes tailored to him. He left his home in Cameroon in November 2019 and worked in Abu Dhabi as an event designer during our research. Until sometime into the project, I was under the impression that he spoke neutrally or even supported the COVID-19 vaccination campaign. This, however, turned out to be a misconception, and so I was surprised when he openly voiced his skepticism about the COVID-19 vaccines in a roundtable discussion at the opening conference of the broader research unit. As the conference setting did not allow for follow-up questions, I later came back to the issue when interviewing him in a face-to-face setting in the UAE:

Sophia: And what are your thoughts and feelings towards the vaccination?

Suma: Like any other African, we are quite skeptical when it comes to these vaccination stuffs. And it's because in Africa we have quite a history when it comes to vaccinations. From years back we've always seen people who'll show some disturbing circumstances because of vaccines which they have taken as a preventive measure. It turns out instead of being a prevention, it instead comes in as an illness causing most people to be paralyzed, others having skin issues and so on. So, because of that, I, in particular, am very skeptical when it comes to vaccines.

Sophia: In general, vaccines. Not just COVID?

Suma: Yeah, not just the COVID. Vaccines in general. And it's the same for many Africans like myself. And also, you know, the rumors, you know, when you hear people saying all kind of stories, oh the vaccine is this, it will cause this effect in the long run and so on and so on.

Suma clearly formulated his general skepticism regarding vaccines and further explained his experiences. In the past, he had witnessed people falling sick or experiencing adverse effects from the measles and the polio vaccines. Several people he knew had to undergo treatment for a month because they experienced severe rashes on their skin after getting vaccinated against polio. According to Suma, some even turned Albino because of the vaccine. "You will see someone who was dark by nature, takes the vaccine and then the skin started peeling off and changing. Maybe you look at the same skin, it had turned a different color." This unsettling experience then got coupled with rumors about the COVID-19 vaccine. He shared his observation, that all of his African colleagues with whom he shares accommodation had been resisting the vaccine when it was first introduced because of the rumors they had been told from back home. Moreover, he connected this skepticism to a long history tracing "years back". But Suma was not alone in his skepticism, concerns, and theories about the COVID-19 vaccines, and even the whole pandemic. Similar rumors and fears were recited by other African collaborators.

When I asked Suma about the concrete rumors he had heard about the COVID-19 vaccines, he mentioned a video that he had seen on someone's WhatsApp status, and which had circulated on the online video platform YouTube. In the video, a man placed a lightbulb on the spot he claimed to have gotten vaccinated just moments before – the lightbulb lit up. There was another, similar video circulating, with a cell phone being stuck to the injection area, proving the vaccine's alleged magnetic properties, as my colleague was told by a Gambian conversation partner in the field. These "experiments" were meant to prove the alleged side effect of the vaccine that makes people magnetic. Similarly, videos and online posts circulated raising the claim that the vaccine contained microchips meant to track people as our other Cameroonian collaborator Dagis told me: "You know, us Africans we have this mentality that, there are a lot that have this mentality that maybe they are tracking them [people who took the vaccine]. So, it makes people get scared." While Dagis never mentioned who she was referring to as "they", my online research revealed that at least one version of this conspiracy theory called out Billionaire and Microsoft founder Bill Gates as being behind the tracking scheme (BBC 2020). The strong reactions to these rumors and conspiracy theories became evident in Sam's report, who had gone back to Cameroon during the pandemic:

It was a mad rush on that said Wednesday in the month of February 2021, as rumors hit the quarters stating students are being vaccinated on campus. Parents stormed the school campus in a mad rush to pick up their children and prevent them from being vaccinated. (Sam 30.07.2021)

Such news traveled fast through social media channels and conversations with family members and friends to those living abroad in the UAE. Events like that, however, are far from new, as the research of Feldman-Saveldberg et al. (2000) shows. Schoolgirls in Cameroon fled their schools to prevent getting vaccinated with the vaccine against neonatal tetanus during a vaccination campaign in 1990. In this scenario, they were similarly supported by their parents and community as Sam explained

Another aspect that was frequently mentioned in conversations and that caused a lot of skepticism was the speed of the vaccine's development. While these anxieties around it were specific to the COVID-19 vaccine, they got paired with old rumors that had been extensively researched in the past, such as the skepticism against new technologies and rumors that vaccines could render people barren. Mr. Otieno, a Kenyan man in his early thirties, explained his unease

about the speed of the vaccine's development in an interview our collaborator Ellah conducted with him in 2021:

Ellah: What was your reaction when you heard about the discovery of the COVID-19 vaccine? Have you had any change of opinion about the vaccine?

Otieno: So, I had mixed feelings about it because I didn't know why we were being given a vaccine that was made within less than a year. A vaccine is perfected with work done on it over two years, some even over five years, some even ten years. And some are still being worked on today with some things which started in 1960. I'll give an example, like the malaria vaccine is still being perfected, coming from a malaria zone. So, something that comes up within eight months. No, I said no. So, I was skeptical on taking it.

His concerns were shared by many others, including myself – was this vaccine researched enough in order to fully understand how it can affect human bodies in the long run? Especially the news about the new technology of the mRNA vaccine enhanced the skepticism. In one of his assignments in May 2021, Suma described his process of getting vaccinated with the first dose after he had been instructed to do so by his employer. Not knowing which vaccine he would be administered, he was very afraid on his way to the vaccination center because he had read online that the new mRNA vaccine was aimed at changing people's DNA.

This fear that the vaccine could have a physical effect impairing long-term the people taking it manifested itself in many ways. In that vein, a rumor that had been repeated by many of our conversation partners was that the vaccine could render women sterile or cause erectile dysfunction in men. The narrative of the sterilizing vaccine was explicitly put into a broader context by some of my African conversation partners. It plays a part in two main narratives that are tightly connected to each other, just like the rumors I have portrayed so far.

It was Suma's cousin, whom I got to meet coincidentally, who elaborated on a theory that had been mentioned to me several times in a shorter version by other people. I got to meet Suma's cousin Ahmed, who had just recently left Cameroon to find a job in the UAE, on my visit to the labor camp Musaffah in Abu Dhabi where Suma lived and worked. Ahmed had been in the country for 5 months and was temporarily staying in Suma's company housing whilst he

was looking for employment in Abu Dhabi. He caught my interest when I overheard him mentioning that he thinks of the COVID-19 pandemic as a big business scheme. According to Ahmed, he based his assumption on what he learned at university as a political science student in Cameroon. I was happy that he agreed to an interview and to share his theory about the COVID-19 pandemic with me. I asked him if they had spoken about COVID-19 and its politics explicitly at university, but he said it was his personal theory and that he had a good understanding of how politics and business work because of his academic background.

Ahmed thinks that for the most part, COVID-19 is a hoax since he does not know anyone who got infected with it back in Cameroon. In the first week, people wore masks, but after that, everyone stopped wearing them. Maybe in the beginning there was a disease that started in China, but he thinks it was either intentionally produced or just used to justify measures like social distancing, restricted movement, lockdowns, testing, and vaccination schemes. Many countries closed their borders, and a new focus on national business evolved. However, he explained that this was part of a deliberate plan by the U.S. In the long run, some businesses would go bankrupt because of the lockdown and then the lucrative ones (a.k.a US businesses) could fill these spaces and act with more influence and power when the borders reopened.

Furthermore, according to Ahmed, the US and China intentionally let the virus spread to reduce the population in Africa. The vaccines against COVID-19 play a double role in this scenario. On the one hand, they are a means to make money, by infecting the population with a man-made virus to sell the vaccine as the only available protection. On the other hand, the vaccines themselves are meant to sterilize the African people with the goal of further reducing the population in Africa.

At first, Ahmed's theory seemed to be just one of many narratives I heard about COVID-19 and the COVID-19 vaccines. However, whilst reading the literature on vaccination campaigns and their reception in different African countries, certain narratives came up repeatedly, as I will further clarify in the next chapter. When reading Ahmed's theory later on, all the other narratives that sounded outlandish to me at first, seemed to fall into place and two main narratives crystallized:

Vaccines as population control (this contains narratives about sterilization, COVID-19 to deliberately decimate the African population, chips inserted into the arm for surveillance)

Vaccines as a business scheme (making money with the vaccines even though there are seemingly low infection rates with COVID-19 in Africa, or weakening the local economies through lockdowns so foreign companies can take over)

5.2 Vaccines and colonial history in Africa

The rumors and conspiracy theories portrayed in the last chapter, are by no means an occurrence restricted to African migrants in the UAE, but originated in different places and were circulated globally. However, there were distinctive elements in the narratives of our collaborators which are rooted in Africa's colonial history. While in Ahmed's story, the "perpetrators" were the US and China, Suma called out Europe as a whole for following similar agendas. In the continuation of the interview which has been cited in the last subchapter, he too voices the suspicion about the COVID-19 vaccine as being part of a business scheme led by Europe:

Suma: […] You know it's like, another thing, which we always hear is that, especially in Africa, when we hear of vaccines it's like oh it's Europe again, they are bringing the virus to come and put it in our system. So they can produce drugs and sell them to us, and stuff like that.

Sophia: Oh ok, so you feel used?

Suma: Yeah, to an extent. When it comes to vaccine matters. That's in Africa in general. Even though some of the vaccines, we consider them to be good, some of them especially when a pandemic comes up and it's like, oh, everybody should get vaccinated and so on. And the funny thing is that even when COVID came, if you look at how the situation was handled in Africa, it's like this thing does not exist.

Suma's generalizing statement about him being as skeptical about vaccines as "any other African", certainly lacks an empirical basis that is impossible to provide for such a big and diverse continent. Nevertheless, his statement, just like similar statements I heard during conversations in the field, indicates a perceived collective African experience and history when it comes to vaccines. In this continuation of the interview with Suma, as well as in Ahmed's narrative, the connections between vaccination, mistrust against affluent countries like China

and the US, and Europe as the former colonizing countries become evident. Suma's suspicion of Europe trying to control Africans "again" or making money from them closely corresponds to the findings of Feldman-Savelsberg et al. (2000) on the rumors surrounding the vaccination campaign against neonatal tetanus in Cameroon in 1990, as described previously in Chapter 2.1.1. While Suma was a child during the implementation of the neonatal tetanus vaccination program in Cameroon and its successive failure, the explanations of some of the circumstances under which the rumors occurred can be equally applied in making sense of Suma's statements.

One of the layers Feldmann-Savelsberg et al. discuss is Cameroon's colonial history. The Cameroonian response toward the vaccination campaign against neonatal tetanus in the 1990s is not an isolated and unique event. When looking at the broader regional context, it becomes evident, that vaccination campaigns in Africa are, as White states, "one of the most resisted forms of state control there has ever been" (Feldman-Savelsberg 2000: 171 citing White 1997). There are several examples from both the colonial and post-colonial eras that support this statement. There is, amongst others, documentation that in colonial Nyasaland (now Malawi), mothers hid their children from vaccination teams in the 1950s, and during a smallpox outbreak in the 1960s because a rumor had spread about the vaccine being used to sterilize the population (Vaughan 1994: 186). Similarly, a rumor spread in Uganda in the 1990s, that the vaccine against polio contained anti-fertility drugs which was claimed to be a plot from the West to end the "Black race"[3] (UNICEF 2001: 13).

But not just the former colonizers or other affluent countries like the US or China are vilified in rumors about dangerous vaccines. Local factors and conflicts between various ethnic groups also contribute to this perception. Feldman-Savelsberg et al. illustrate how a combination of political and cultural factors played a part in the development of the rumor about sterilizing vaccines in Cameroon (Feldman-Savelsberg 2000: 172). Similarly, Hutu refugees on the other side of the continent in a refugee camp in Tanzania interpreted a vaccination project of the Tanganyika Christian Refugee Service (TCRS) and the United Nations High Commissioner for Refugees (UNHCR) in 1983 as a plot by Burundi to sterilize their enemies (Malkki 1995: 128f). These inter-ethnic altercations are of political importance in countries in

---

[3] Note: The original source does not specify the emic understanding the people disseminating the rumor have of "race". Albeit its biological origins, the English term has changed its connotation through the continuous contestation in the 19th century (e.g. through W.E.B Du Bois among others), the Civil Rights Movement of the 20th century, and the Critical Race Theory. In this thesis, however, "race" is defined as a social construct meant to categorize individuals into a hierarchy of social, economic, and political privilege or disadvantage, depending on arbitrarily chosen human physical characteristics and phenotypes.

which the political elite is often composed of one ethnic group, leaving the other ethnic groups in opposition and often marginalized positions.

This distrust of their own political elite was corroborated by a statement of our collaborator Yewande, a young Nigerian woman in her twenties. Yewande, who retrained to become a healthcare worker in the UAE, explained that she would not have taken the vaccine if she had stayed in Nigeria and stated her distrust of the political leaders as one of her main reasons:

Yewande: […] we don't trust our leaders. We feel like our leaders can sell us out at any time. That is how Africans think even 'til now. There's a particular person that's contesting to be president. And we are like, "if this guy becomes president, he's going to sell Nigeria". Everybody is certain about it. He's so greedy, he's going to sell the whole of the country out. He will sell it to China or sell it to Korea or something like that. That is how greedy he is. […] I don't know if they sold us out with the vaccines also. So, I don't trust it. So, I may also not take it.

She explained that she would rather isolate, wear a mask and take care of her own health than taking up medication that is propagated by the Nigerian government. In the UAE, however, this was another story for her. When the UAE government started promoting the vaccine and encouraging its residents to get vaccinated, Yewande discussed the matter with her cousin, who works as a high school teacher in Sharjah in the UAE. Yewande shared her cousin's theory about the safety of getting vaccinated in the UAE with me. "He doesn't think the ruler of UAE will allow his own citizen to partake in the vaccination if he knew it was going to be harmful to his people ", she told me. "Now here, he trusts the leader here. He knows that the leader will not allow any harm to come to his own people. So, if you're here, he kind of has that coverage that if he's protecting his people to some extent, that protection will affect him too". This logic convinced her, and she told me, that it gave her some sense of safety to get vaccinated in the UAE. This example indicates that the rejection of vaccines is not generalizable but is context and situation-specific.

In summary, the two main narratives that were shaped by experiences and memories from our collaborator's countries of origin shape their attitudes and the attitudes of the members of their communities. As has been shown, vaccination and medicine in colonial and postcolonial Africa are deeply intertwined with state and international control. The different layers of this

control are very complex and ambivalent, just like the local responses toward them. These memories of past experiences with vaccines are deep and can turn into collective memory, which serves as an interpretative framework for any new form of biomedical care the individual is confronted with (Feldman-Savelsberg 2000: 172). The majority of our collaborators had a skeptical attitude toward the COVID-19 vaccines and was inclined to consider the potential truthful aspects of rumors and conspiracy theories they had been confronted with. The handling of information and its sources, as well as the reasons that influenced their decision-making are a very individual matter depending on the respective situation, the context, personal experiences and emotionality, as I will further illustrate in Chapter 6.

6. Decision-making in the context of COVID-19

As has been established in the beginning, decision-making occurs when the actor does not immediately know how to act and therefore enters a process of researching and weighing all available options. Once a desirable outcome is imagined, the actor considers the necessary means to reach the envisioned outcome. At first glance, choosing whether to get vaccinated against COVID-19 or not taking the jab might seem like a clear decision between two possible actions. When taking a closer look, however, it becomes clear that it is far more complex than that. The sudden outbreak of the COVID-19 virus and its rapid global expansion caused over 7 million deaths worldwide (WHO 2024) and interrupted the "established social machinery" (Shibutani 1966: 172). This caused a threat not only to people's physical health but also to their livelihood, social relations, and mental well-being. It consequently triggered governments to implement a variety of mitigation measures like social distancing, the wearing of medical masks in public places, lockdowns, and curfews to curb the spread of COVID-19 and to manage the pandemic. These measures required all residents of the UAE, as well as people in most other places in the world, to adapt their everyday lives accordingly.

Similar to what I experienced in Germany, the different Emirates differed in their approach in combatting the pandemic, which was possible due to the federal character of the state. This chapter will focus on the Emirates of Abu Dhabi and Dubai since our collaborators were exclusively based in those two Emirates. While Abu Dhabi followed a stricter approach, closing itself off from the other Emirates, Dubai was more lenient with its measures and their application. Although there was never an official explanation for the reasons for these differences, one possible explanation is the financial foundation of both Emirates. While Abu

Dhabi is the richest of all Emirates, basing its wealth on its enormous oil reserves, Dubai's economy is based on international investment and tourism. Furthermore, after the Expo 2020[4] in Dubai had already had to be postponed due to the outbreak of the pandemic, the government of Dubai was interested in getting back to "normal" quickly, so as to facilitate the opening of this prestigious international event.

The COVID-19 Vaccine Awareness Guide of the Dubai Health Authority states that "Vaccines are one of the most effective tools to control the COVID-19 pandemic. They are a safe and effective way to protect the health and well-being of society.". The guide, dated April 2021, lists three vaccines UAE residents could choose from, namely Sinopharm, Pfizer-BioNTech, and Oxford-AstraZeneca (Dubai Health Authority 2021), but more types of vaccines followed. The first vaccine was China's Sinopharm vaccine, which was introduced in the UAE in July 2020 as the world's first Phase III trials of a vaccine against COVID-19. The Phase III trial campaign under the title "4Humanity", first tested the vaccine on 31.000 volunteers under regular monitoring, before it was officially authorized for emergency use for frontline workers in September 2020. A few months later in December 2020, the Ministry of Health and Prevention (MOHAP) officially registered the Sinopharm vaccine and thus made it available for all residents. Shortly after, further vaccines were officially registered, namely Pfizer-BioNTech, Sputnik V, Oxford-AstraZeneca, and Moderna (The United Arab Emirates' Government Portal 2023).

All of the vaccine brands available in the UAE required two doses to ensure successful immunization, with intervals of three to four weeks in between. Furthermore, to be consequently considered as immunized through vaccination, a booster shot had to be administered within six months. This shows, that getting vaccinated against COVID-19 was and is not a singular action but has a processual character that spans over several weeks or months. As the schoolgirl Marie in Johnson-Hank's study, Dagis, Suma and Mr. Otieno progressively discovered the different aspects of their respective situations on which they based their actions (Johnson-Hanks 2002: 872ff).

In early 2021, the only vaccine that was being distributed was the Sinopharm vaccine, according to our collaborators. Governments all over the world tried to secure vaccine rations for their citizens and so did the Emirati government. However, the UAE had the Sinopharm vaccine available in abundance. The UAE government had made a deal with the Chinese

---

[4] The Title "Expo 2020" is misleading in this case, because the event had to be postponed due to the Covid-19 pandemic and could not be opened as initially planned in October 2020. Instead, it took place from October 1st 2021 to March 31st 2022.

government to produce the Sinopharm vaccine locally in the UAE. In March 2021, the Abu Dhabi-based technology company Group 42 started a joint venture with Sinopharm, producing the vaccine under the name Hayat-Vax when manufactured in the UAE (Reuters 2021). At later stages, other vaccines came more into focus. But which vaccine should be chosen? News came up about the different technologies behind the vaccines, as well as the differences in their effectiveness, which further complicated the decision-making process of our collaborators.

The unusually fast development of the first COVID-19 vaccines after only eight months of the identification of patient zero, preexisting skepticism towards vaccines, as well as the spread of rumors and conspiracy theories surrounding its "real" beneficiaries and effects, raised questions about which information was reliable and which sources of information could not be trusted. To "make a decision", our collaborators engaged in conversations with peers and gathered information to create an idea of their possible actions. The mitigation measures restricted many aspects of life, while the vaccine was portrayed as the one way to get back to a "normal" life. The following chapters will illustrate the different aspects our collaborators, which will be introduced in the following subchapter, considered during their decision-making process.

6.1 The three case studies

To clarify the process, I will focus on the case studies of Dagis, Suma and Mr. Otieno. I will start by briefly introducing the three case studies and their trajectories which will be discussed in more detail in the subsequent subchapters:

Dagis:

Dagis is a Cameroonian female in her late twenties who came to the UAE in 2018. She left Cameroon because she did not see a possibility to pursue her education there after having graduated from high school, mainly because of the ongoing anglophone crisis. After working in Lebanon for three and a half years as a tutor for the children of a Cameroonian businessman, she chose to migrate to the UAE with the objective of enrolling in vocational training in the hospitality industry. When COVID-19 hit the UAE, she was working in a school canteen in Dubai and lived in a bedspace[5]. As schools were closed for an unforeseeable period in April 2020, she lost her job in the canteen and struggled to find a stable job for a few months. Luckily, she got into contact with a fellow Cameroonian and family friend, who employed her in his

---

[5] Ngeh (2022) describes bed spaces as shared accommodation provided for low-income migrant workers, usually consisting of a single room with up to 15 beds. Single beds are rented out to one and sometimes even more people. Sanitary facilities are not always provided.

travel agency in Abu Dhabi and even took her in to live with him and his family. Dagis refused to get vaccinated because she thought that the time to develop the vaccine was unusually short and its repercussions could therefore not have been researched enough. She furthermore relied heavily on her gut feeling as a compass to guide her actions.

Suma:

Suma is a man in his early thirties from Cameroon, who had stayed in the UAE since 2019. He worked as an event designer in a company in Abu Dhabi and lived in company accommodation in a labor camp[6] during our research. While many of his coworkers were laid off, Suma managed to keep his job. In Cameroon, he had studied accounting and co-owned his own fashion business. An altercation with his business partner, however, forced him to give up his share. So he migrated to the UAE to work and save money in order to begin a new business venture on his own. Suma had witnessed adverse effects of vaccines back in Cameroon and was thus very hesitant to get vaccinated against COVID-19. He furthermore reported that Africans like him had a "phobia" towards vaccines that reached way back in time, as I have described above. When his employer demanded that all the employees take the vaccine, he neither turned up for the appointment nor informed his superiors that he hadn't taken it because he had to work late. As life in the labor camps does not allow for a lot of privacy, his employer found out that Suma had not taken the vaccine as he was required. Suma was then threatened to lose his job if he did not take the vaccine which he then reluctantly did. A full immunization required two shots within a three-week timespan. Yet, Suma delayed taking his second dose because he hoped to neutralize the effect of the vaccine by doing so. However, his boss found out again and ordered him to go immediately to the vaccination center if he did not want to lose his job. To his relief, he did not have to re-take the first shot although he had overstayed the prescribed timeframe. However, to keep his job he was forced to also take a booster shot 6 months later.

Mr. Otieno:

Mr. Otieno is a Kenyan man in his early thirties who had been working in the UAE for the past four years at the time of my research stay in early 2022. When the pandemic hit, he was still employed at a hotel in Dubai. The restrictions on movement and travel due to COVID-19

---

[6] Labor camps are residential complexes where migrant workers employed in the public and private sector in the GCC states live. These complexes are usually located on the outskirts of bigger cities and house mainly male blue-collar migrants. Even though most GCC states have regulations in place on sanitary standards and the number of people allowed per room, these regulations are often ineffective or ignored. This leads to often deplorable living conditions which in the past have been subject to international criticism (Ngeh 2022; Gardner 2010).

affected the hospitality industry very hard and so he was laid off until further notice in April 2020. While he did not get paid any wages, he was allowed to stay in the company accommodation and was provided with food until business would resume. His employer, who also provided his accommodation, required him to either get vaccinated or take regular PCR tests. Being without income, Mr. Otieno struggled with the costs of regular PCR testing. He was very skeptical of the - as he saw it - unusually fast development of the vaccine. The news reports about the different levels of effectiveness of the available vaccines further discouraged him. He stated that he preferred to stay back until he fully understood how the vaccines worked and what their repercussions were. However, he finally saw himself forced to get vaccinated due to the financial pressure of regular testing. He anticipated that, in the long run, he would not be able to continue his job or find another one in the UAE without getting vaccinated, which he then did. He was, furthermore, financially responsible for his nephew who went to college in Kenya. Being unable to provide for his family put a lot of stress and pressure on him. After eight months, however, his employer put all employees on mandatory leave, as the hotel could no longer provide the staff with food without generating any income to cover the costs. Mr. Otieno thus left his job and went back to Kenya to figure out how to continue. In Kenya, he lived off his savings and odd jobs, like fixing computers. In October 2021, he returned to the UAE and started a new job as a tour guide at the Expo 2020. His new employer required him to also take a booster shot, which he then took.

Dagis, Suma, and Mr. Otieno engaged in rational considerations on means-end relations, which I will portray in Chapter 6.1. They weighed these rational considerations against their emotions, norms they wanted to live up to, and their memory of past experiences with vaccines, as will be discussed in Chapters 6.2, 6.3 and 6.4. To imagine a possible outcome, they employed strategies such as literary techniques or engaged in social interaction to gather the necessary information which are examined in Chapter 6.5.

6.2 Rational considerations of means-end relations

The official goal of the COVID-19 vaccination campaign in the UAE, just like that of the World Health Organization, was "to substantially increase population immunity globally to protect people everywhere from disease, protect the health system, fully restart economies, restore the health of society, and lower the risk of new variants" (WHO 2021; see also DHA 2021). This official goal indicated that the COVID-19 vaccination is not only a health issue but permeates

many aspects of human life since people cannot function long-term in isolation. When listening to the accounts of our collaborator's experiences of the pandemic, it becomes obvious how different aspects of their lives as Africans working in the UAE (such as work, housing, mobility, and social relations) are interconnected and were all influenced by the pandemic and the vaccination program as its countermeasure. COVID-19 started in January 2020 as a frivolous topic on the news but turned people's lives upside down when it hit the UAE in April 2020. A person's work situation, and therefore also their financial and visa situation, were key aspects that played a central part in their decision-making process in relation to taking the vaccine, as it was made a requirement by many employers. Furthermore, mobility was restricted nationally and internationally in the early stages of the pandemic. Regaining it was successively tied to those able to present a vaccination certificate. I therefore identified four main factors in the considerations on means-end: Mobility, financial security, employment, and housing.

All these aspects are interconnected and must be understood in the specific context of the *kafala* system that regulates almost every aspect of migrant life in the UAE. As explained in Chapter 4, the *kafala* system has been described as "essentially an employer-led, large-scale guest worker program that is open to admitting migrant workers, but at the same time restrictive in terms of the rights granted to migrants after admission" (Ruhs 2013:98). Within the *kafala* system, sponsors and employers hold a lot of power over their workers. Employment, visa status, and residency are (in the majority of cases) all connected to the sponsor. On top of that, many migrant workers are living in company-funded accommodation with their colleagues. The COVID-19 vaccination was not mandatory in the UAE but available for free to all willing recipients. Nevertheless, there were certain patterns that could be identified in the vaccination decision-making process of our collaborators – external pressures as well as individual contemplations - while navigating migrant life within the context of the *kafala* system.

6.2.1 Mobility

On Friday 20/08/2021 the UAE implemented the rule that if you are not vaccinated or have a valid PCR test, no longer than two days old, you cannot enter most public places. This has affected me in the sense that I usually go to work by passing through the mall due to the hot weather[7], but with this rule, I have to take the long way around which is really stressful. Also,

---

[7] The weather in the UAE, especially between May to October, can be extremely hot with temperatures between 40-50 degrees Celsius. Temperatures of this height are not just an inconvenience but can be a health risk, especially when moving around on foot outside. Our collaborators repeatedly reported how they were suffering from the heat as mitigation measures led to the closing of air-conditioned bus stops, longer waiting times for busses because

on Saturday I went to the mall with the wife of Rafi [Dagi's employer/landlord], but I had to wait outside because I don't have a recent PCR test. (Dagis 25.08.2021)

In conversations with our collaborators, the aspect of mobility came up frequently when discussing how they managed their daily lives during the height of the pandemic in 2020/2021. Moving around without a vaccine became increasingly difficult as unvaccinated people were banned from public places and events in Dubai and Abu Dhabi by the Summer of 2021 (The Economic Times 29.07.2021). The main tool to manage the movement of people and thereby the spread of the virus in the UAE was the "Green Pass System". The "Green Pass System" was based on the *Al Hosn* application for mobile telephones on which vaccination status, as well as the PCR test results of an individual were updated automatically by the health care providers that administered the vaccination or test. Those who were not vaccinated had to take PCR tests regularly to maintain their green status. The *Al Hosn* app was approved by the Ministry of Health and Prevention in June 2021 and thereafter promoted through the media. Most of our collaborators, however, learned about the necessity to install the app through their employer or university.

The application indicated the current vaccination and testing status by color: red indicating that an infection had been detected, grey showing that the validity of the last test had ended, and green proving a current negative test result. The yellow pulse wave in the background was constantly moving to prove the validity of the result and ensure that it was not a screenshot. A green status was consequently necessary to enter public places and was usually checked by security personnel at the entrance of malls, shops, restaurants, and government buildings. Offices and shops could be subjected by the police to check the *Al Hosn* status of employees and clerks. Those failing to provide a green status were fined.

---

fewer passengers were allowed on board, as well as navigating restricted entrance to public places as described in Dagis's report.
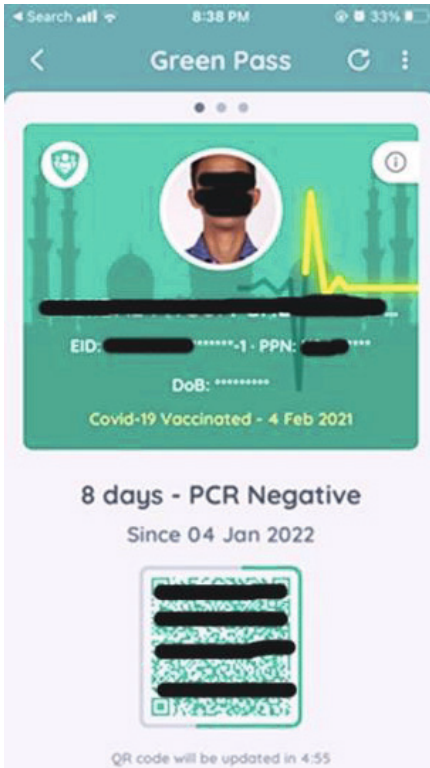
Figure 1: Al Hosn Green Pass, screenshot provided by Josiah

The "Green Pass System" ensured that only vaccinated or recently tested individuals could enter public buildings. However, the regulations differed between the different emirates. While in Dubai access to public places was possible with PCR tests even for unvaccinated individuals, mobility was severely restricted for unvaccinated individuals in Abu Dhabi. The regulation concerned public places like shopping centers (including all retail outlets not within shopping centers), restaurants, cafes, as well as gyms, recreational facilities and sporting activities, health clubs, resorts, museums, cultural centers, and theme parks. The list also included universities, institutes, public and private schools, and children's nurseries in the emirate of Abu Dhabi. The regulation stipulated that entry to these places was only allowed for those vaccinated and with a green status on the *Al Hosn* app, which appeared after a negative PCR test result and remained for 30 days. Individuals who were exempted from vaccination because of medical reasons but could provide a green status on the Al Hosn App, which appeared after a negative PCR test

result and remained for seven days, were allowed to enter. Children under 16 years, who were exempted from the vaccination, got a green status without the requirement of a test and were also allowed entry. Unvaccinated individuals and those with a grey status on the *Al Hosn* app, meaning their PCR test had expired, were prohibited from entering these public places (Abu Dhabi Media Office, 14.08.2021).

The restrictions complicated the daily lives of unvaccinated individuals. Shopping could not be done in person (or only in shops that were less strict in the implementation of the mitigation measures), and, especially in the hot summer months, navigating around outside without being able to access air-conditioned buildings was very strenuous, as Dagis' report indicates. In one of our interviews, Dagis told me that she sometimes felt really vexed, as she was denied entry to a mall although the entry restriction for unvaccinated people had already been lifted in September 2021, allowing entry to everyone with a current PCR test. With news about the new virus variant Omicron on the rise, however, some places individually tightened their restrictions again. Nevertheless, Dagis managed to navigate these obstacles without a vaccination because she was embedded in an informal and family-like arrangement. She shared many of the household chores and care of the children with her landlady which alleviated the pressure of being vaccinated or always tested, as shown in her report above. Living with her employer's family who was accepting of her vaccine refusal allowed her to circumvent the pressure and inconvenience of restricted movement that otherwise would have complicated her life to a larger extent. The restrictions on movement were, nevertheless, the aspect that put the most pressure on her and made her consider taking the vaccine:

Sophia: Did you ever feel pressure to get vaccinated?

Dagis: No, I've not felt that. Yeah, I can say I felt that when just entering that place because [referring to the mall she was denied entry to] I really needed to get something there. But sometimes again, I think maybe like, when I read the news articles, there are a lot of laws about vaccination. Sometimes, I will just think in my mind, why don't you just get vaccinated so that you can access things easily? But that's just a thought that crosses my mind. But I still don't see it happening [meaning getting vaccinated].

For Suma, the story was quite different. Due to the nature of his job as an event designer, he had to access many public facilities and had to get in contact with the public. To fulfill his

obligations of the job and move around freely, he needed to get vaccinated. Refusing to take the vaccination, "might affect working relations between me and the company, leading to the loss of my job", as he diplomatically framed it. Although he tried to circumvent it, he eventually followed his employer's orders and got vaccinated, as further analyzed in paragraph 6.2.3 on employment.

6.2.2 Financial security

"If I was a millionaire, I would not have gotten the vaccine, trust me, I would have kept on getting my PCR. Yes.", Mr. Otieno stated firmly. When asked why he came to the UAE in the first place, Mr. Otieno explained: "Work of course, like any other person." as if stating the obvious. "We are all expats. We came here to look for, not money, let me say, better pay, better working conditions." He shares this goal with the vast majority of migrants in the UAE. This is also what made the UAE's strategy of governing the pandemic through fines for those not complying with the mitigation measures so effective, because, to put it in more colloquial terms, "it hits them where it hurts". This is further proven when Mr. Otieno eventually got vaccinated despite his profound skepticism against the COVID-19 vaccine. When he was asked for the reasons that had changed his mind, he explained that he had no other way to keep his job and was struggling under the financial pressure caused by regular testing as demanded by his employer:

Ellah: Ok, so it was a matter of keeping your job?

Otieno: Exactly. Because remember, we were told if you don't take a vaccine, you have to get a PCR test every seven days. Now, the price of a PCR rose from zero to 50 AED[8] to 100 AED to 150 AED to 200 AED. In some hospitals, it could even cost 500 AED. Maybe that does not seem expensive, but you cannot manage to keep paying for a PCR for 200 AED or even, say, 50 AED every two weeks. That is a lot of money. If you convert that in seven months you have something.

To put this into perspective: The lowest-paid staff in hotels is usually line staff, such as cleaners and waitresses. While a news article in The National News of May 2021 allocates an average

---

[8] For reference: the exchange rate of Euro to AED in 2023 was 1:4.

monthly pay for hotel waiting staff between 2800 AED and 3200 AED (The National News 11.05.2021), we were told by an Egyptian lady working in a 5-star luxury hotel in Dubai that the line staff usually earns about 1500 AED monthly at her workplace. Even though it is not unusual to offer company accommodation for employees, which spares some migrants the high costs of living, the regular testing put a considerable financial strain on many people. It furthermore is highly typical for migrants to transfer a portion of their monthly salary to their relatives back home (The National News 11.05.2021; Ngeh and Pelican 2018: 184f).

Interestingly, testing was much more expensive in Dubai than it was in Abu Dhabi, where one could even find testing centers that tested for free. At the beginning of the pandemic, most companies paid for their employees' regular testing, either organizing testing units to come and do in-house testing or organizing transport to the testing centers. When the vaccines came out, the staff was encouraged to get vaccinated. After the vaccination had been out for some time, many companies changed their policies and discontinued the supply of free testing, as the combined experiences of our collaborators showed. Even though there were testing facilities that offered free PCR tests in Abu Dhabi, they were not necessarily accessible to those interested in using them. As Suma explained, reaching them often meant having to invest time and money to reach the testing centers, which again affected especially low-income migrants like him:

Suma: I think the pressure is mostly on the low-class people. Right? Yeah. Because most of these people working up there, some of them, they just don't care about getting the vaccine because they can easily take the PCR as much as they want. […] So since they can take the PCR whenever they want to, then they can decide not to take the vaccine. Whereas those who are down there […] maybe you need to be taking a taxi to go [to the testing center], after two days, after three days that cost a lot. Maybe someone can check in a month it's much for him. He decides to just give in and get the vaccine.

Similarly, Dagis reported about the struggle to find time for getting free PCR tests and bearing the desert heat:

On Thursday my colleague and I decided to go for a free PCR test in the Hamdan area and when we arrived there, the line was so long that we decided to go back to the office because we had only one hour [of break time during working hours]. We asked someone there and she told us she has been standing there for 2 hours and I was like, really, let's just go and pay 40 AED and do the PCR test because not only do you have to stand in line for a long time, the weather is too hot. (Dagis 13.05.2022)

Considering that employees usually work six days a week for up to ten hours or more per day, going long distances by public transport and waiting in line for hours on a regular basis (every three days for unvaccinated people in the beginning; the intervals got longer as time went on) puts an additional burden on them. While the vaccination was not mandatory as per the UAE government, the implementation of regular expensive PCR testing proved to be an effective strategy to push Mr. Otieno, and many people in similar situations, towards getting vaccinated.

The failure of being able to present a green status on the *Al Hosn* app did not just mean that entry to public places could be denied, but it could also result in fines if checked by the police. Dagis reported that the police checked her and her colleagues several times at her workplace. In one instance, her Pakistani colleague who works as an accountant in the company, could not present a green status on his app because his last PCR test had expired two months ago. The police officer got angry with him, asking how he had managed to enter other places. Dagis' colleague answered that he only commutes between his house and the office and thus never encountered the issue of being denied entry. For his failure to present proof of a current PCR test, the accountant had to pay a fine of 3,000 AED. But the pressure was not just on him. Dagis' employer received an e-mail from the authorities later on, fining his company over 2,000 AED because he failed to ensure that his employees were tested within the fixed timeframe. This could be interpreted as an incentive for employers to ensure the regular testing or vaccination for their employees, thereby instrumentalizing them to do the government's work as a proxy. While both worker and employer were held accountable, it is remarkable that the worker's fine was higher than the fine of the company.

Fines are the main tool of governance in the UAE, and so each failure of compliance with the mitigation measures resulted in high fines. Depending on the issue in question, fines could vary between 3,000 AED for not wearing a medical mask properly over mouth and nose in public places, and up to 10,000 AED for failing to present the *Al Hosn* app on one's cell phone (see illus. 1).

Figure 2: Employer informing staff about the new Al Hosn App via e-mail, picture provided by Maria

National security, migration, and citizenship policies are all intertwined in the UAE. Dr. Al-Khouri, director of Emirates Identity Services (EIDA) in Abu Dhabi, explained in a keynote lecture in 2010 at the University of Exeter on "The Question of Identity on the Gulf" that the Gulf's rapid demographic growth required the government to develop population control instruments, which included extensive surveillance via DNA imaging and other technologies. These tactics, which are often utilized in criminal investigations, have increasingly been used to manage the population. The large number of migrants in the UAE was therefore presented as an explanation for the need to privilege security over the protection of individual rights (Dr. Al-Khouri quoted from Lori 2020: 135-136). The UAE government could thus fall back on its existing instruments for population control to manage the pandemic. Furthermore, due to the potential fines faced by employers when their staff did not provide up-to-date PCR test results at the workplace, many employers functioned as de facto agents for the government by assuming the responsibility of ensuring regular testing and vaccination for their employees. This parallels a pre-existing situation under the *kafala* system, predating the pandemic, where private and corporate individuals in the role of sponsors take over parts of the state's responsibilities in migration management, such as providing work, food, and accommodation. This illustrates the interconnectedness of migration- and pandemic management in the UAE.

6.2.3 Employment
Dagis was still working at a school cafeteria and living in a bedspace in Dubai when the pandemic hit. When she lost her job shortly afterward, she had a hard time finding new

employment. The economy had slowed down considerably: many people were laid off and jobs were scarce, especially in the hospitality industry in which she had planned to work. After shimmying from job to job for some time, she found a job at the travel agency of a fellow Cameroonian and family friend in Abu Dhabi. She was having a hard time finding accommodation, so her employer Rafi and his wife welcomed her to reside with them. Dagis reported that initially, Rafi and his wife had chosen not to get vaccinated due to their shared skepticism and concerns. However, in a subsequent conversation, she informed me that Rafi had since chosen to take the vaccine. This decision was prompted by the necessity to access government buildings regularly in order to run his travel agency, a privilege restricted to those who had been vaccinated. Dagis, on the other hand, had decided against taking the vaccine and continued to do her regular PCR testing. She managed to continue her life like that because she was based in Abu Dhabi and thus had access to free testing centers. Furthermore, her employer never made the vaccination a prerequisite for Dagis to continue her job or to live with him and his family.

In Suma's case, getting vaccinated was not communicated as an option by his employer, but as a condition to keep his job. As he was skeptical and worried about possible adverse effects of the vaccine, he tried to avoid taking the vaccine when his employer arranged for him and his colleagues to get vaccinated. This, however, came to the attention of his employer, and so he and five others, who had avoided taking the vaccine, were ordered to take it immediately. He described the situation in his weekly diary of May 26th, 2021:

At 04:30 pm I got an announcement from the management of the company where I work saying that the state has asked all companies to ensure that their staff are all vaccinated and failure to comply shall be subject to fines. About five of us were not vaccinated so we were asked to move by 5:30 pm to the nearest vaccination center to perform the vaccination exercise immediately. Actually, I was very afraid of taking the vaccine especially with all the talks on social media saying that it is aimed at changing people's DNA and more superstitious stories. We came back by 7:20 after being vaccinated and were asked to return at another date for the second dose of the vaccine. After being vaccinated my mind is still not at ease but I think I will leave it to God for he is the best of protectors. (Suma, 26.05.2021)

Suma discussed his theory with me according to which the state communicates vaccination as optional for its citizens and residents but obliges companies to ensure the vaccination of all their employees. By doing so, the state can present itself as being liberal to the international

community but still ensure a high vaccination rate. Mr. Otieno brought up similar assumptions: "Well, I think that they do, of course, have a thing about being at the top." Mr. Otieno said regarding the UAE when he discussed its measures to ensure a high vaccination rate. "As UAE is the first country to have 99% vaccinated. […] I think that they forced us and it's just to put Dubai and the UAE on the map." Like Suma and Mr. Otieno, most people I have talked to had sooner or later been requested by their employer to get vaccinated or, when looking for a job, have been told that proof of vaccination is a prerequisite for getting employed. There are indeed fines being issued to employers as I have shown in the previous chapter with the example of Dagis' employer Rafi, who got fined because one of his employees failed to present a current PCR test result when checked by the police. Rafi's example also showed that it is ultimately still up to the employer (in private companies) if and how testing and vaccination are ensured, hence he never made it a prerequisite for his employees due to his own skepticism. While this could be feasible for a smaller team, it is conceivable that in a larger company with more than a hundred employees, such as the ones Suma and Mr. Otieno were part of, the employer deems it necessary to implement more stringent regulations for effective workforce management.

Suma's and Mr. Otieno's assumptions link up with one of the underlying narratives I identified in Chapter 5.1 – Vaccination as a business scheme – as well as with the finding of Feldmann-Savelsberg et. al in the Cameroonian case in which the goal of 80% vaccination coverage was driven not only by public health priorities but also by the need for legitimacy and resource mobilization (Feldman-Savelsberg 2000: 171f). Both assume that the UAE government's interest is not primarily founded in its concern for its residents but is mostly motivated by economic- and image considerations. This caused further skepticism and insecurity to them about whether it was truly safe to take the vaccine or if the UAE government would conceal possible risks in order to reach their aspired percentage of vaccinated residents.

The contrast between Dagis', Suma's, and Mr. Otieno's accounts shows that the kind of company you work for and the kind of job you do played an important role in the decision-making process. Dagis' job allowed her to work from home if needed and her employer never requested her to get vaccinated. Conversely, Suma and Mr. Otieno found themselves needing to visit public spaces regularly as part of their employment requirements. Given that their respective employers oversaw a workforce of over a hundred employees and were responsible for their well-being in the labor camp and company accommodation, vaccination was declared mandatory.

6.2.4 Housing

Just like residency in the UAE is usually tied to employment, so is housing for many blue-collar workers like Suma. Suma lived in company accommodation in Musaffah, an industrial area of Abu Dhabi. I struggled with the 34 degrees of desert heat when visiting Musaffah, even though it was only March and still relatively mild in comparison to the summer months. Michaela and I had to wait in front of the accommodation while Suma showed Jonathan his living quarters, which we were not allowed to enter as it was an all-male facility. All cafes and restaurants in the neighborhood were closed, so the only places with air conditioning were the workers' quarters, and an air-conditioned bus station, which looked like a shipping container with a window front and seating. Suma explained to us that because all workers worked during the day, life in Musaffah began after 5 pm. "Then the Indians like to play cricket in the sand in front of the building once they have finished work for the day", Suma said. I found it to be a really depressing area, quite unlike the buzzing city center of Abu Dhabi with its new buildings and greenery planted alongside the roads. I thought the whole place looked like a military area with all its walls, fences, concrete, and sand. I felt Suma looked out of place in this area too, with his nice, perfectly fitted clothing and clean shoes.

While company accommodations can vary greatly in their size and condition, those of manual laborers are usually crowded buildings with rudimentary furnishings and facilities. Suma shared pictures and a written explanation with the team to give everyone an idea about life in the labor camp:

Figure 3: Suma's company accommodation, picture taken by Suma

The above picture [Fig. 3] shows the left wing of the accommodation with rooms to the left and right sides. Each of these rooms carries a maximum of twelve people and a minimum of seven, depending on the size of the company where they work. To the right end of the corridor, the kitchen can be found and at the end of the corridor, ten washrooms serving the twenty-one rooms on this floor are situated.

Figure 4: Kitchen in Suma's company accommodation, picture taken by Suma

[…] example of how a kitchen in most labor camps or company accommodation look like [Fig. 4]. (Suma 29.08.2021)

Since migration to the UAE is, at least in theory, always temporary and solely for the purpose of work, many companies provide accommodation for their employees, especially if they were recruited directly from their country of origin. The accommodation of many migrant workers is thus tied to their work contract, which in turn is usually tied to their visa. If, like in Suma's case, the employer requires their employees to get vaccinated, a refusal of the vaccination would not only mean the loss of employment, financial security, and visa status, but also the loss of affordable accommodation.

Living with several people in one room also turned out to be a form of social control that played a significant role in Suma's decision-making process.

Suma: I can say that given the housing situation attributed to most employment contracts in the UAE whereby employers provide accommodation for their workers, I think it is a great factor affecting individual freedom to get vaccinated or not. Reason being that you live with a maximum of ten people in a room. If others are vaccinated and you are not, it will be problematic at the level of sharing the room, because you might be treated like an unwanted person given the fact that your colleagues might see you as someone who exposes them to the dangers of the COVID-19 pandemic.

Suma had decided not to get vaccinated when his employer first asked his staff to do so. However, this did not go unnoticed by his colleagues, as there is a high degree of social control in the labor camps among the employees. Most aspects of life are shared in the labor camp – from sleeping in one room, sharing a kitchen and washroom, being driven from and to work by the company bus, and then working together. The vaccination, too, was arranged by the employer, and the employees were driven to the vaccination center by the company bus. Suma's colleagues were dissatisfied with his refusal of the vaccine, although for a variety of reasons. While he mentioned that some saw him as a threat, as he was more likely to be a carrier of the virus if he was unvaccinated, others cared less about the possible health risks but instead considered it unfair that they had to get vaccinated despite their fears toward the vaccine while he tried to slip through unnoticed. In the end, one of his colleagues informed his manager that he had let the appointment for the second shot pass. Suma was thus scolded by the manager who confronted him with the ultimatum to either get vaccinated or be fired.

Crowded living spaces like company housing are no exception in the UAE, especially for employees in lower-skilled jobs and those who are relatively new in the country. The cost of living in the UAE is high, and most migrants come with the objective of saving money for future plans or supporting their family back home. While Mr. Otieno had lived in company accommodation when working at the hotel, he decided against living in company accommodation when he returned to the UAE in 2021 and found a partition for himself. "Dubai is hell in terms of housing. It's a very expensive city." he said. Like him, many who cannot afford to rent their own apartment but choose not to live in company accommodation resort to renting a bedspace or a partition. A partition can be a separated area in a bedspace, like a "VIP" section, or part of an entire apartment that is separated into several minute rooms often separated by dry walls and wooden panels. The rent for partitions is usually based on size and the number of people renting them. For example, a partition in Dubai costs about 1,200 AED for one person, 1,300 AED for two persons, and 1,400 AED for a couple bedroom per month. Mr. Otieno described his preference to privately rent a partition instead of living in company accommodation as followed:

Otieno: And the partition is like a place where I can sleep. Basically, it's just a sleeping space. It's not even a partition. It's a sleeping space. And two people occupy this space, which is not much better than [company] accommodation because accommodation has bigger space. But the problem is that they have [restrictive] rules. So right now, I'm in a partition.

While I did not visit Mr. Otieno's partition, I had the chance to stay in our collaborator Racheal's partition for one night, to get an idea of what this place was. I had to wait quite a while for her to pick me up at the entrance, as people were lining up in front of the three elevators. I seemed to be the only phenotypically European and felt curiously mustered by many of the people going in and out. According to Racheal, most apartments in the building were transformed into partitions, which meant that many more people were living in the building than initially planned. The three elevators were, therefore, in constant use to transport the inhabitants of the over 20-story skyscraper up and down. As we crowded into the elevator, I felt anxious because I was sure that we were more people in the elevator than allowed. Nonetheless, we made it to the 21st floor safely. The apartment consisted of a kitchen, two bathrooms, two bedrooms, and three partitions. The difference between rooms and partitions is that the rooms were bricked and designed from the beginning as rooms with solid doors and walls, while the partitions were built in with wooden panels being added later on. Above the doors of each partition was a large gap, so that the cool air of the air conditioning system could circulate. Rachael's partition was about 2 - 2,5 square meters and equipped with a metal bunk bed, a wardrobe, and a small side table.

Initially, I presumed that whoever was providing the accommodation would have minimal influence, and the primary motivator for vaccination would be the risks of shared living conditions in crowded spaces. However, I did not see this assumption corroborated but instead saw Ngeh's portrayal of African migrants' motives for preferring to live in bed space instead of a labor camp as proven. Ngeh's cited reasons align with Mr. Otieno's assertion that numerous African migrants opt for individual partitions or bed spaces instead of residing in labor camps. This choice is driven by the desire for greater freedom compared to company accommodations with their restrictive rules (Ngeh 2022: 13f).

This was even more pronounced during COVID-19 when vaccination was put on the list of rules for company accommodation, which already regulated the lives of the migrants living there. Housing was usually mentioned as an aspect that led an individual to get vaccinated when the person or institution offering the housing made vaccination mandatory. As I have described, this was usually the case in company accommodation. In private, but shared accommodation like bed space, or partition, it depended on the landlord or landlady's rules. Dagis pointed this out to me in one of our interviews: "I believe staying with my fellow Africans helped me avoid getting vaccinated, because there's no pressure there." The family she stayed with was skeptical about the vaccination themselves and thus never made her vaccination status their business.

6.3 Norms

"So, my life stopped", said Mr. Otieno. "Actually, not stopped. My life did not move properly because there was no pay and somebody else also could not get education because I was not in a position to pay." After having laid out our collaborators' rational considerations to means-end relations, I will now showcase the influence of norms on their decision-making processes, starting with Mr. Otieno. When Mr. Otieno lost his job, it was not just his own livelihood that was in jeopardy. "The effect was so hard and very harsh because, as you know, we have responsibility to take care of. […] It did not affect only us. It affected also back home, people back at home. So if this was the only source of income, it meant very worse conditions for us for the next eight months." In his case, the biggest responsibility he felt was towards his nephew who was a second-year student in college back in Kenya. Mr. Otieno not only paid for his nephew's school fees but was also responsible for securing his overall livelihood. When Mr. Otieno went back to Kenya in November 2020, he lived with his nephew and made it his mission to keep the "boy" – as he called him - safe and entertained. Since he did not have a job in Kenya, he teamed up with a cousin, compiling all their video games and offering people a place to come and play for a little money. Furthermore, he fixed laptops, advertising his services through his WhatsApp status and word of mouth. Through that, he was able to earn a little money to provide for himself and his nephew, simultaneously teaching his nephew how to fix software problems on a computer. However, he still had to rely on his savings and finally decided to return to the UAE to work.

Like Mr. Otieno, many African migrants in the UAE have financial responsibilities towards their families or other dependents back home. It is often a family decision to invest in a young family member to go abroad for work and send back remittances (Ngeh and Pelican 2018: 184f; Atekmangoh 2017: xi). Long-standing cultural practices and norms of reciprocity are built on informal and flexible networks of support, communication, and engagement between friends, families, and community members, as has been shown by Bollig in Kenya and Atekmangoh in Cameroon (Bollig 1989; Atekmangoh 2017).

It is not only norms regarding responsibilities to directly support others that financially play a role in the decision-making process of our collaborators, as Suma's example shows. Back in Cameroon, Suma had a small, but well running fashion business together with his business partner. However, after a fallout with his partner, the business fell apart, and Suma lost his primary source of income. He told me that he had several relationships with women, but that he was often their last stop before marrying someone else, which in many cases he openly

supported. He especially remembered one case of a woman he met, who was very much after him in the beginning, but knowing that she was living with another man, he was not interested at first. The man she was living with, was a successful journalist, who worked in many different countries and paid for her education. Nevertheless, Suma began meeting her more often, and they developed feelings for each other. After some time, she came crying to Suma, telling him that the journalist wanted to marry her. However, she was hesitant because she liked Suma too. Suma advised her to marry the man because he was already providing for her and he was good to her, contrary to Suma who had nothing to offer to her and could not provide for her at this point. When they met again later, she was thankful that Suma had pushed her to marry the man, since it put her in a safe position. Suma, however, was not in a financial position to start a family, even more so after his business fell apart. He decided to migrate to the UAE in order to save enough money to rebuild his business, thereby setting a foundation that would allow him to progress in life.

Encouraging this woman, whom he liked, to marry another man had less to do with Suma's lack of interest in settling down, but with a set of norms that required him to have certain goods and a certain degree of financial stability to progress in life. Part of becoming a "man" in Cameroon is getting married and starting a family. Otherwise, he remains a "child", regardless of his age. As a man, however, he is responsible for providing for his family. Financial potency is therefore a prerequisite for entering into adulthood (Warnier 1995: 262). Just like for Suma, the goal of reaching financial stability to progress in life is a strong motivator for labor migration (Atekmangoh 2017: 99), as is the goal of fulfilling personal dreams and projects like his fashion business. Life in Cameroon has become increasingly unstable and hostile due to the ongoing anglophone crisis, and so, strategies to reach these goals in Cameroon are limited. Being able to continue working in the UAE, was therefore linked to a deeper set of norms around his desire to start a business and family on his own.

This links the norms Mr. Otieno and Suma hold with the practical considerations on how to enable them to live up to these norms. As I have shown, getting vaccinated was made a requirement for many jobs in the UAE, especially in the hospitality and event sector in which Mr. Otieno and Suma worked. Our collaborators have repeatedly expressed their worries about not being able to find a job after losing the one they had if they were not vaccinated. The rational considerations on whether to take up the vaccination or not and how this would impact their employment situation, was thus linked to their aspirations and to norms that were connected to their work in the UAE. Being vaccinated was indeed an important factor for Mr. Otieno in getting his new job in the UAE, which he started in October 2021, and for Suma to keep his job.

The norms portrayed in this chapter are linked to emotions, which played another important part in the decision-making process of Suma, Dagis and Mr. Otieno, as I will show in the following chapter.

6.4 Emotions

Mr. Otieno's decision-making process was marked by conflicting emotions. Not being able to provide for his nephew put him under a lot of stress. He described his situation when he was back in Kenya and tried to figure out how to alleviate his situation and provide for his nephew:

Otieno: […] Financially, it drained me because I had to go back to my account, any savings I had, I used them up. […] Mentally it shut me down, too, because I could not provide the fees, the school fees for somebody who was depending on me, and I could not provide food for us to eat. Luckily enough, we were not paying rent, so that was a good thing. But the food part was essential to complete the full primary needs of the human being, I think is very vital. So, when I was in a position of not being able to provide the basics, it drained me mentally. A lot. I was just hoping and praying that the pandemic would come to an end.

Mr. Otieno described himself as a person who was used to working and being employed. Being able to provide for the people that depended on him was not just an expectation placed on him from the outside but something that he also expected from himself. Apart from these emotions tied to the norms explained in the previous chapter, he expressed stress and exhaustion from worrying about the fulfillment of his primary needs such as food. At this point in his trajectory, he had already gotten vaccinated with Sinopharm while living in his company accommodation in the UAE and was now living with his nephew in Kenya. His situation in Kenya was difficult because he had no job and lived off his savings. This made him consider going back to the UAE, to look for another job, so his nephew could resume his schooling. However, he anticipated that to find another job, he would have to get vaccinated again with a booster shot. In summary, it can be concluded that, on one hand, his desire to support his family motivated him to return to the UAE, where he perceived better opportunities and higher wages. On the other hand, he anticipated the difficulty of finding employment in the UAE that would not necessitate multiple

vaccinations, creating an emotional quandary. He had to balance his sense of responsibility to provide for his family with his feelings of skepticism and anxiety regarding the vaccination.

Suma was similarly troubled by conflicting emotions. He was deeply unsettled by the rumors he heard about the vaccine, but simultaneously wanted to save enough money in order to return to Cameroon and reopen his business. He saw his job in the UAE as a tool to achieve this goal. His employer, however, required him to be vaccinated.

Suma: "[…] I realized in my accommodation, for example, where Africans live, that ever since the idea of the vaccine came up, they have resisted to take the vaccine. This is because most of us have been hearing rumors, and these rumors are coming from home, back in Africa. Parents will call at times to tell you, don't take this vaccine, because this will happen to you. Others will tell you to drink coconut juice or something after you take the vaccine. And so all those rumors, when they accumulate, can make you become afraid."

For Suma, it was this fear that prompted him to form his course of action. He saw himself forced to take up the vaccine because of the ultimatum his employer gave him after he tried to avoid it the first time – getting vaccinated or getting fired. For his second dose, which was required to be considered as fully immunized, he decided to try and avoid it first. Mainly because of his fear of possible negative effects of the vaccine to his health, he decided to delay his appointment for the second dose. He later explained his reason for the delay in detail as follows: "So in my mind it was like anyway, this is a treatment for malaria, for example, which you need to take morning, afternoon, evening doses. So, missing out one dose, nullifies the whole treatment." As Heiss highlights along Musa's trajectory, that his emotions are "not only concomitant with the whole process of decision-making, but also play a constitutive role in it" (Heiss 2018: 252), so are they in Suma's decision-making process. Although Suma rationalized his action of delaying the second dose, his emotions still served as the primary motivation to pursue this path.

For Dagis, emotions were also an important factor in her decision-making process. She emphasized that her reservations toward the vaccine because of the rumors she heard and its unusually fast development, were not the sole reason why she decided against getting vaccinated. "I'm not scared of the side effects or whatever", she told me "but I just feel like trusting my own feelings. I don't want to get this vaccine, you understand?" For her, informing

herself about the vaccine and weighing the possible outcomes of either decision was equally as important as listening to her instinct which told her to stay away from the vaccine.

Sophia: Okay. And you based your decision on reading a lot about it?

Dagis: Yeah, a lot. And also, my instinct.

Sophia: Okay. So it's like a gut feeling?

Dagis: Yeah, like that. I just feel like I should not take the vaccine.

Dagis' emphasis that she was not just afraid of the side effects but that she was just listening to her instinct was puzzling to me at first. Could her "gut feeling" not be informed by her skepticism? Or was she worried that her argument of the unusually fast development of the vaccine and the resulting possibility of unknown side effects would be easier to contest with scientific evidence than basing her decision on her instinct? With these thoughts, I found myself exactly in the line of argumentation that I am trying to refute in this thesis: that decision-making can be reduced to a purely rational and cognitive process. Dagis' differentiation between her feelings in opposition to her rational considerations on possible risks corresponds with the definition of "gut feeling", which is defined by the Collins Dictionary as "an instinctive feeling, as opposed to an opinion based on facts" (Collins Dictionary). While there is ongoing research on the gut-brain connection in biology and neurosciences with the goal to find out how much there is scientifically to this idiom, this is outside the realm of social sciences for the time being. Dagis treated them as equal to her rational considerations regardless of how these "gut feelings" came to be. Dismissing them would therefore leave out an important aspect since they had a considerable impact on the outcome of her decision-making process.

6.5 Literary techniques, social interaction, and the search for truth

Otieno: Remember when the first dosage of AstraZeneca or Pfizer came? They never knew whether people would take it or not. So, they said if you don't wish to have a vaccine, then do the PCR every 14 days. Now since we all were skeptic about what this vaccine is, I was one among the people who refused to have the vaccine. Yeah. A lot of people came with theories if

you could look at the net, there are people who said the vaccine is maybe a form of birth control disguised. Some people said the vaccine is something from another country to colonize us. We never knew what it was. I'm not saying that I believe in that.

Ellah: What did you say?

Otieno: I said I wanted to let things roll out first. I wanted to take it after I fully understood what it meant.

The theories and rumors about the effects of the vaccine Mr. Otieno got confronted with made him very skeptical towards the vaccine. Understanding what he was getting injected with and which repercussions this decision could have was thus very important to him. However, the COVID-19 pandemic caused a lot of uncertainty, as it was a unique situation caused by a new disease and there was no blueprint on how to handle it. New information came up in an enormously high frequency and the channels through which it was spread and discussed were manifold. The outbreak and its corresponding responses were accompanied by a significant 'infodemic,' which was characterized by an excess of information, some of which was accurate while some was not (WHO 2020). This created difficulties for individuals in locating dependable sources and dependable guidance when they required it.

Simultaneously to the start of the COVID-19 vaccination campaigns, rumors about its effectiveness, safety and the "real" intentions and beneficiaries of the campaigns spurred up, as I have shown in Chapter 5. These rumors and theories resonated with those of Mr. Otieno, Dagis and Suma, as they docked onto existing knowledge and experiences. However, Mr. Otieno's statement above shows that he did not accept these narratives unquestioned. In this chapter, I will illustrate the efforts Mr. Otieno, Dagis and Suma have made to enrichen their understanding of the vaccine and verify their sources. In addition to their critical stance on the COVID-19 vaccine, they emphasized that they did not blindly accept the rumors and conspiracy theories they encountered through various media outlets and personal conversations. Obtaining information about the COVID-19 vaccines and the evaluation of whether the obtained information was reliable, was an integral part of the decision-making process of our collaborators.

Mr. Otieno's approach to verifying some of the narratives he was confronted with was very practical. He was worried about the fast development of the vaccine and therefore turned

to the internet to gather further information. He read about the different vaccines, their efficiency and possible side effects, which fueled his skepticism:

Otieno: How can I describe my skepticism? My skepticism comes about the measures of efficacy and what it contains. I don't know, but I've tried to read what all these vaccines are […] there's a lot of things to read about these vaccines […] but they could react to your body negatively. […] And if you had checked over the net, a lot of conceptions came about how someone could put a bulb where they were vaccinated, and the bulb would light [up]. Remember? Did you see that? Someone could put a magnet to the spot where they were vaccinated and it would stick there. But those things are all fake because I tried them out, by the way. I tried all the claims out. Now that was just to ease my mind. But it was a game that was not true.

Mr. Otieno's statement indicates that he was unsettled by the videos and took them seriously enough to conduct his own experiments in an attempt to alleviate his concerns and verify the veracity of the claims. While his experiment did not dispel his skepticism completely, it clearly reflects a deliberate quest for truth, underscoring his discerning approach rather than any gullibility as the notion of rumors might imply. It also shows that his engagement with media content regarding the vaccine was not a purely rational consideration on his quest to determine possible actions but also carried a strong emotional element as he deliberately tried to "ease his mind" and debilitate his anxiety through conducting his own experiments and tests.

However, the amount of information coming from various sources was both a blessing and a curse. When asked if he felt fully informed, Mr. Otieno first replied positively: "I think I was fully informed because the UN was giving its own thoughts on the pandemic. The country [referring the UAE government] was giving its own. Different health organizations were giving its own." However, he then added that he was also confused and explained this confusion with reference to the case of Dr. Stella Immanuel, whose video he had seen online. Dr. Immanuel is a physician leading a small clinic in Houston, Texas in the US, but was originally from Cameroon. Together with a group of doctors calling themselves "America's Frontline Doctors", she claimed to have found a cure for COVID-19 by administering Hydroxychloroquine, a drug usually administered against malaria or certain auto immune diseases. The video of the groups' press conference in which the claims were made spread rapidly through various social media

channels but was quickly taken down from most platforms like YouTube, Twitter, and Facebook for violating misinformation policy. The effectiveness of the proclaimed cure is contested by the WHO and the US Food and Drug Administration (FDA), as well as the German Federal Institute for Drugs and Medical Products (Bundesinstitut für Arzneimittel und Medizinprodukte) which warns of its side effects. While former US President Donald Trump praised Dr. Immanuel for her "spectacular" statements, several famous doctors like the immunologist Dr. Anthony Fauci[9] spoke out publicly against the use of Hydroxychloroquine as a cure for COVID-19 (Today 2021). The inconsistency of responses from state officials and experts caused confusion as to which statement was reliable.

Later on, a number of videos were uploaded as a reaction to Dr. Immanuel's claims. While Dr. Immanuel was part of a group of doctors promoting Hydroxychloroquine as a cure and speaking against the wearing of masks, she was put into focus in the videos aimed at refuting the groups claims. One main aspect of critique, however, was not only on a medical level. Her claims about COVID-19 were coupled with her work as a minister and statements she made in other videos on YouTube about the connection of several illnesses with the work of demons and witchcraft. These statements were portrayed as a reason to question the credibility of her statements as a medical expert and were the source of ridicule online. Witchcraft and sorcery are, however, taken seriously by many people in Africa, and play a big role in African politics (Kroesbergen-Kamps 2020). The immediate censorship, contrary information from different medical experts[10], and the discreditation of Dr. Immanuel based on ridiculing her believes, irritated Mr. Otieno and left him with unanswered questions:

Otieno: "No one has treated my confusion. Still there, I'm wondering what
             happened to this lady. America is a country where I think they can really
             dig in on a matter so I'm wondering if this lady could be right then why
             give us a vaccine when she can cure [COVID-19]?"

Like Mr. Otieno, Suma told me that he felt mostly well informed. He relied primarily on news distributed by the UAE government websites. His reasoning was that due to the high level of

---

[9] Dr. Fauci frequently spoke on COVID-19 in the US media and was appointed Chief Medical Advisor to the presidency under President Joe Biden from December 2020 until August 2022 (Reuters 23.08.2022).
[10] Being an "expert" is not an obvious attribute, but it is important to ask who is considered an expert by whom and because of which attributes or skills. In this case, the different actors gained their status as "experts" through their academic titles as Doctor of Medicine (Dr. MD) and track record of demonstrating proficiency in their professional domain.

control, no information gets released prematurely. Furthermore, he never found the news distributed by the UAE government contradicting news from abroad, which he interpreted as a sign for reliability. While he made these statements in our research team meeting in early May 2021, his thinking started shifting soon after his experience of getting vaccinated in late May of the same year. As described in Suma's report in Chapter 6.2.3, he was told by his employer that the UAE government required all companies to ensure the vaccination of their staff, which contradicted its official stance that the vaccination was optional. Although he never found proof in form of any official media releases by the government that employers were in fact obliged to ensure their staff's vaccination (it could potentially be simply a strategy by his employer to produce compliance and legitimacy to their request), it broke Suma's trust in the sincerity of official reports about the vaccine. In a retrospective interview we had during my fieldwork in 2022, he told me that "they" would never release all the information about the negative and positive aspects of the vaccine. When I asked him who he was referring to as "they", he said "the media of course, the media and those who want the information to be passed around". I pressed him further for clarification and he called out the UAE government. "They always want to stand out in everything", Suma told me. While the vaccine had always been communicated as non-mandatory by official sources in the UAE, he felt that the strict mitigations measures that restricted movement and access, as well as the financial pressure through the price of testing, were a deliberate tactic to *de facto* force people into getting vaccinated. He thus increasingly mistrusted the official accounts and researched for further information on the vaccine, hoping to find some clarity:

Suma: No one will tell you this vaccine is not good [or] this had happened. Except when you go in detail, you start reading, reading scientific articles and what doctors have to say on that subject matter. Then maybe you will get a few of them, two or three scientists out of ten who might be antivaxxers. Then you have their reasons, and they will give you their proof and then you will see. Otherwise, if you don't check, you will never know.

Sophia: So, it's pre-filtered, basically, you say.

Suma: Yeah. So, when it comes to those kinds of things, no one can be trusted.

His statements can be interpreted in different ways. Knowing Suma's skepticism against vaccines and his negative experiences with them in the past, one could read on the one hand, a clear confirmation bias[11] into his statement. It is, on the other hand, understandable that he is inclined to question the official accounts and has the need to search for further information after experiencing such discrepancies in the information he received from his employer and state media.

Dagis' approach to gathering the information was similar to Mr. Otieno's and Suma's. "I google everything." Dagis said to me, "I googled all like, for example, when Corona was up, I was mostly on my phone 24 hours. […] And then when also the vaccine was out, I was googling how vaccines, like how they work." During our research, Dagis was always up to date on new regulations in the UAE. She provided the whole team with news articles, mainly from Gulf News and Khaleej Times, two of the biggest newspapers in English in the UAE and the broader Gulf, as well as official UAE government websites. Like Suma, she compared the news she received from the Gulf region and the UAE government with news outlets from international sites such as CNN, BBC news, WION, Sky news, and CNA.

Similarly important to her were face-to-face conversations with colleagues and friends in the UAE to inquire about their experiences with the vaccine, specifically how it affected them. She deliberately sought out friends whose profession was directly related to COVID-19 (e.g. health care personnel), to get first-hand information from people she trusted and assigned expertise to. Interestingly, Dagis was less inclined to discuss the matter of vaccinations with friends or family back home in Cameroon. When I asked her if she ever addressed the issue with her family, she told me that the only person with whom she did address it, was her mother, who pressed her not to get vaccinated, because of all the negative narratives she had heard about the vaccine. When I asked her what she thought about her mother's arguments, she just waved me off:

Dagis: Sometimes when just one rumor goes around, everyone will just take it in their own way like that. Maybe Europe just wants control Africans, you know, all this dirty mind mentality things. I think that's what makes most of them not getting vaccinated.

---

[11] Confirmation bias is the inclination of individuals to handle information by seeking or interpreting data that aligns with their current beliefs. This predisposed way of making decisions is typically unintentional and leads individuals to overlook information that contradicts their beliefs (Britannica).

Sophia: That sounds like you don't think much of these arguments.

Dagis: Yeah.

Sophia: So, when you discuss with your mom, because you are also critical of the vaccine, you obviously have different objections to it than your mom. What did she think about your perspective?

Dagis: She doesn't really think anything. For her, she was just like that there are people saying bad things about the vaccine, just don't take it. That's her own thinking. But for me, my own perspective is different, you understand? For me, it's just that it's developed, it's just too rushed. That's why I'm not vaccinated.

Dagis emphasized her efforts in building her own opinion on the vaccination and to distinguish her perspective from those people who brought up narratives that she titled "rumors" as the reason for their opposition to the vaccine.

Dagis, Suma and Mr. Otieno applied several strategies to gather information about the vaccine to make their decisions. The two main strategies they employed were literature research and conversations with people they trusted because of solid personal relationships or because they associated them with a certain expertise. This process of reviewing different kinds of literature -e.g. government websites or newspapers – or engaging in social interaction – e.g. discussing the issue at hand with friends or relatives – served two purposes. As explained in Chapter 2.2.3, the outcome of an action is seen in the mind as a future memory (Johnson-Hanks 2005: 36), meaning that in order to act, one must imagine the action first. In order to imagine an action, our collaborators gathered information on the issue which had to be decided upon, so that possible actions could be imagined.

Furthermore, their engagement with media reports and in social interactions aimed at verifying some of the rumors they were confronted with through the media or word of mouth and scrutinizing their sources. As described at Mr. Otieno's example, interaction with media content about the vaccine was not solely driven by rational analysis in search for potential courses of action but had a significant emotional component as well. The cases show a conscious attempt to reduce anxiety caused by rumors and conspiracy theories. To close the

circle, these strategies again counter the implied gullibility of the recipients and distributors of rumors and conspiracy theories, as discussed in Chapter 2.1.3.

7. Conclusion

In this study, I have examined the decision-making process toward the COVID-19 vaccination of Dagis, Suma and Mr. Otieno by taking into account rumors and conspiracy theories that influenced their processes. I firstly portrayed different rumors and conspiracy theories surrounding the COVID-19 vaccine that our collaborators were confronted with. While there were rumors specifically tied to the new COVID-19 vaccines, there were also rumors and broader conspiracy theories that preceded the COVID-19 vaccines and had been addressed in connection to previous vaccination schemes dating back to colonial times in their African home countries. The exploration of rumors and conspiracy theories unveiled two underlying narratives that reverberate through the experiences of our collaborators: the perception of vaccines as a tool for population control and the framing of vaccines as a business scheme. These narratives, deeply rooted in colonial history, have shaped shared memories and continue to influence how biomedical care, including vaccination, is perceived among African migrant communities.

Our collaborators frequently invoked the picture of a common African attitude towards vaccines. Although anti-vaccination rumors and conspiracy theories are a global phenomenon and came up in different contexts at different points in time, I found that the narratives and concerns our collaborators voiced are rooted in colonial history in Africa. Vaccination during colonial times were often implemented by force through the colonizing powers and came to be connected with foreign aid and the limitations and condescension of donor nations even after most African states gained independence. The recollection of past experiences and the transmission of narratives related to vaccines can transform into shared memory, serving as a framework for interpreting any new form of biomedical care. Consequently, in the second phase of my investigation, I explored how these underlying narratives concerning vaccination influenced the decision-making processes of Dagis, Suma, and Mr. Otieno regarding the acceptance of the COVID-19 vaccination. Given this context, I found that adopting a rationalist approach to decision-making fails to incorporate the emotions and memories evoked by rumors and conspiracy theories, as well as feelings of responsibility and hopes for the future.

Conceptualizing decision-making as an action instead helps to acknowledge the complex interplay of emotions, memories, and rational considerations.

Decision-making is a process that develops over time, as the situations changes, and new information is acquired. I portrayed the *kafala* system as the framework in which decision-making takes place. The importance of the context becomes especially apparent when looking at our collaborator's rational considerations of means-end relations. In the cases of Dagis, Suma and Mr. Otieno, their employers were simultaneously their sponsors (*kafeel*), meaning that their job, visa status, financial security and in most cases also their accommodation was tied to this employer-employee/*kafeel*-migrant relationship. The financial strain of regular testing, as well as potential fines when failing to provide a current negative test result at work served as external pressures in Suma and Mr. Otieno's decision-making process. Moreover, to avoid fines for non-compliance during police raids, employers often ensured regular testing and vaccination for their workforce. This effectively positioned them as agents working on behalf of the government. Although vaccination was not mandatory in the UAE, it became a *de facto* prerequisite for many migrants like Suma and Mr. Otieno to keep their jobs which ensured regular payment, a residence permit, and free accommodation. This mirrors a pre-existing scenario under the *kafala* system, existing before the pandemic, where private individuals in the capacity of sponsors assumed several of the state's responsibilities in migration management, such as providing work, food, and accommodation. This highlights the interdependence of migration and pandemic management and shows the external factors our collaborators had to consider in their decision-making.

Dagis' case, however, showed that although there are structures in place that serve as external pressures for many African migrants in the UAE to get vaccinated, there is also variations on how the context pressures or enables individuals to act. Dagis personal relation to her employer with whom she also lived almost like a family member, allowed her more freedom and time to develop her decision and weigh up her options. This contrasts with Suma and Mr. Otieno who were given ultimatums by their employers by which they had to be vaccinated. However, for all three of them, the general restrictions on mobility for unvaccinated individuals in the UAE played a big role in considering getting vaccinated or not.

Cultural norms and expectations played a pivotal role in shaping the aspirations and decisions of our collaborators, as seen in Suma's and Mr. Otieno's case. Norms regarding financial stability and societal expectations of becoming a provider and starting a family influenced their decisions to migrate to the UAE. The requirement for vaccination by their employers, linked rational considerations with cultural norms. The fear of job loss and the

struggle to find alternative employment without vaccination created a complex emotional landscape. Emotions, as evident in Mr. Otieno and Suma's experiences, were significant factors in decision-making, reflecting the stress, fear, and conflicts faced during uncertain times. Similarly, Dagis emphasized the importance of instincts and gut feelings in her decision-making, challenging the reduction of decision-making to a purely rational and cognitive process. Our collaborator's decision-making processes were thus deeply intertwined with cultural norms, familial responsibilities, and emotional considerations. Acknowledging the multifaceted nature of these processes is crucial for a comprehensive understanding that goes beyond a simplistic rationalist approach.

The individuals in my three case studies were all skeptical towards the vaccine, which was perpetuated by rumors and conspiracy theories they were confronted with. Rumors and conspiracy theories always carry a normative connotation that portrays a certain narrative as potentially false or the individuals believing or disseminating it as gullible. However, dismissing my conversation partners who talked about rumors as the reason for their suspicion against the COVID-19 vaccination as gullible, would embezzle their underlying experiences and their emic logic. Conscious of this implied gullibility when talking about rumors, Dagis, Suma and Mr. Otieno pointed out that they did not simply "believe" the rumors they heard, watched, or read without questioning the reliability of the sources and the accuracy of the content. They applied strategies such as reviewing literature, verifying information by conducting their own experiments, or consulting friends they assigned expertise to in a relevant field. All these actions portray them as *anything but* gullible.

Having explored the intricate influence of rumors and conspiracy theories on decision-making and how decision-making played out in my three case studies, I now shift the focus to the broader implications of my findings for crisis management strategies. As I have explained, vaccination has consistently encountered resistance in Africa, particularly as a form of state control persistently associated with condescension and pressure from donor nations and influential entities like the WHO, even post-independence. It becomes evident in this thesis that anti-vaccination rumors frequently center around the well-being of "Black bodies." The emergence of such rumors can be interpreted as a manifestation of enduring power asymmetries and inequalities. Memories, both distant and recent, of colonial times wherein Black bodies were devalued contribute to the prevailing fear and mistrust, which led to the two narratives I identified.

Considering these underlying narratives, I would like to extend the analysis by following the argument that conspiracy theories – for the purposes of this argument, I include rumors –

serve as communicational tools to contest official narratives. This perspective suggests that top-down initiatives aimed at eliminating these narratives, such as those undertaken by organizations like the WHO, are susceptible to failure. This is because they operate within existing hierarchies, often discrediting or opposing the narratives of those attempting to challenge these established power structures. Following this line of reasoning, efforts to counter anti-vaccine rumors should not be confined to top-down vaccination campaigns focused on merely dismissing alternative narratives as incorrect. The depth of colonial memories underscores that bringing about compliance through well-intentioned top-down campaigns during a crisis is unlikely to be effective. Instead, a comprehensive approach involving bottom-up strategies is essential. Efforts to address skepticism and fears surrounding vaccines should extend beyond singular vaccination campaigns and encompass broader societal measures to alleviate inequalities, fostering trust between African populations, governments, and international institutions.

In conclusion, this study not only illuminates the nuanced decision-making processes of African migrant workers but also underscores their broader implications for crisis management. By recognizing the complex interplay of cultural, historical, and contextual factors, policymakers can tailor interventions that resonate with the lived experiences of migrant communities, thereby enhancing the overall efficacy of crisis management strategies. As we navigate future crises, understanding decision-making as an intricate interplay of emotions, memories, and rational considerations is vital. This research contributes not only to our comprehension of the COVID-19 vaccination decisions but also provides a starting point for crafting culturally sensitive and multidimensional strategies in the face of global health crises.

References

Ali, Inayat. 2020. Impacts of Rumors and Conspiracy Theories Surrounding COVID-19 on Preparedness Programs. In: *Disaster Med Public Health Prep*16(1): 310-315.

Allport, Gordon W.; Postman, Leo. 1947 The Psychology of Rumor. New York: Henry

Atekmangoh, Christina. 2017. "Les Mbengis" – Migration, Gender and Family: The Moral Economy of Transnational Cameroonian Migrant`s Remittances. Mankon, Bamenda: Langa Research and Publishing CIG.

Alexander, Kristian. 2021. Out of Africa. The Influx of African Migrants to the UAE. Konrad Adenauer Stiftung, Policy Report No. 31. Electronic resource: https://www.kas.de/de/web/rpg/detail/-/content/out-of-africa (last access 27.06.2023)

BBC, 30.05.2020. Coronavirus: Bill Gates 'microchip' conspiracy theory and other vaccine claims fact-checked. Electronic resource: https://www.bbc.com/news/52847648 (last access: 07.11.2023)

Becker, Gary S.1976. The Economic Approach to Human Behavior. Chicago, London: The University of Chicago Press.

Boholm, Asa; Henning, Annette; Krzyworzeka, Amanda. 2013. Anthropology and decision making: An introduction. In: *Focaal – Journal of Global and Historical Anthropology*, 2013(65): 97-113.

Bollig, Michael. 1989. Moral economy and self-interest: Kinship, friendship, and exchange among the Pokot (NW Kenya). In: Schwiezer, Thomas; White, Douglas (ed.) 1989. *Kinship, Networks and Exchange. Structural Analysis in the Social Sciences*. Cambridge, UK: Cambridge University Press.

Brinkmann, Svend. 2020. Chapter 15. Unstructured and Semistructured Interviewing. In: Leavy, Patricia (ed.) 2020. *The Oxford Handbook of Qualitative Research*, 2. Ed., New York: Oxford University Press.

Britannica: Confirmation bias. Electronic resource: https://www.britannica.com/topic/reason (last access 21.09.2023)

Cambridge Dictionary: Meaning of decision in English. Electronic resource: https://dictionary.cambridge.org/dictionary/english/decision (last access 18.04.2023)

Capurro et al. 2018. Measles, Moral Regulation and the Construction of Risk: Media Narratives of "Anti-Vaxxers" and the 2015 Disneyland Outbreak. In: *Canadian Journal of Sociology/Cahier canadiens de sociologie* 43(1): 25-47.

Cinelli, Matteo; Quattrociocchi, Walter; Galeazzi, Alessandro et al. 2020. The COVID-19 social media infodemic. In: *Scientific Reports 10*, Article number: 16598 (2020).

Coady, David. 2006. Conspiracy theories and official stories. In: David Coady (ed.) 2006. Conspiracy theories: The philosophical debate. Burlington, VT: Ashgate.

Collins Dictionary: Definition of "gut feeling" in British English. Electronic resource:
https://www.collinsdictionary.com/dictionary/english/gut-feeling (last access 29.08.2023)

Cornwall, Andrea; Jewkes, Rachel. 2010. What is participatory research? In: *Social Science & Medicine*, 70(5):
1667-1676.

Dean, Mitchell. 1999. Governmentality. Power and Rule in Modern Society. London, Thousand Oaks, New
Delhi: Sage Publications.

Dubai Health Authority. 2021. Covid-19 vaccines awareness guide. Electronic resource:
https://www.dha.gov.ae/en/covid19/guidelines-services (last access April 2021; had been taken down
by June 2023)

Feierman, Steven. 1986. Reply to Imperato. African Studies Review, 29(2): 140-141.

Feldman-Savelsberg et al. 2000. Sterilizing Vaccines of the Politics of the Womb: Retrospective Study of a
Rumor in Cameroon. In: *Medical Anthropology Quarterly* 4(2): 159-179.

Freedom House: Freedom in the World. 2021. United Arab Emirates. Electric resource:
https://freedomhouse.org/country/united-arab-emirates/freedom-world/2021 (last access 04.06.2023)

Freedom House: Freedom in the World Research Methodology. Electronic resource:
https://freedomhouse.org/reports/freedom-world/freedom-world-research-methodology (last access
04.06.2023)

Gardner, Andrew. 2010. "Labor Camps in the Gulf States". In: *Viewpoints. Migration and the Gulf*. The Middle
East Institute, Washington DC, pp. 55-57.

Gay y Blasco, Paloma; Wardle, Huon. 2007. How to Read Ethnography. London, New York: Routledge.

Geertz, Clifford. 1973. The Interpretation of Cultures. New York: Basic Books.

Gottlieb, Alma. 1997. Under the kapok tree. Chicago, Ill.: University of Chicago Press.

Heinrich, Joseph. 2002. Decision-making, Cultural Transmission and Adaptation in Economic Anthropology.
Electronic resource:
https://www.academia.edu/3318883/Decision_making_Cultural_Transmission_and_Adaptation_in_E
conomic_Anthropology1 (last access 27.04.2023)

Heiss, Jan Patrick. 2018. A Hausa Man Makes a Decision: A Contribution to the Anthropological Perspective on
Decision-Making. In: *Anthropological Forum* 28(3): 236-254.

Janzen, John M. 1982. Lemba, 1650-1930: A Drum of Affliction in Africa and the New World. New York:
Garland.

Johnson-Hanks, Jennifer. 2002. On the Limits of Life Stages in Ethnography: Toward a Theory of Vital
Conjunctures. In: *American Anthropologist* 104(3): 865-880.

Johnson-Hanks, Jennifer. 2005. When the Future Decides. Uncertainty and Intentional Action in Contemporary
Cameroon. In: *Current Anthropology* 46(3): 363-385.

Khalaf, Sulayman. 2002. Globalization and Heritage Revival in the Gulf: An Anthropological Look at Dubai Heritage Village. In: *Journal of Social Affairs* (19)75: 13-42.

Khaleej Times. 12.01.2021. UAE ministry slams false rumors about Covid virus vaccines. Electronic resource: https://www.khaleejtimes.com/coronavirus/uae-ministry-slams-false-rumours-about-covid-virus-vaccines (last access 22.09.2023)

Kroesbergen-Kamps, Johanneke. 2020. Witchcraft after modernity. Old and new directions in the study of witchcraft in Africa. In: *Journal of Ethnographic Theory* 10(3): 707-1144.

Krzyworzeka, A. 2013. "Decision-making in Farming Households in Eastern Poland." In: *Focaal –Journal of Global and Historical Anthropology* 65: 129–144.

Langley, Ann et al. 1995. Opening up Decision Making: The View from the Black Stool. In: *Organization Science* 6(3): 260-279.

Longva, Anh Nga. 1997. Walls Built on Sand: Migration, Exclusion, and Society in Kuwait. Boulder: Westview Press.

Lori, Noora. 2020. Migration, time, and the shift toward autocracy. In: Ayelet Shachar (ed.): The Shifting Border: Legal Cartographies of Migration and Mobility: Ayelet Shachar in Dialogue, Manchester: Manchester University Press.

Malit, Froilan; Tchiapep, Oliver. 2013. Labor Migration and Deskilling in the United Arab Emirates: Impacts on Cameroonian labor migrants. Working Paper 171, ILR School, Cornell University.

Malkki, Liisa H. 1995. Purity and Exile: Violence, Memory, and National Cosmology among Hutu Refugees in Tanzania. Chicago: University of Chicago Press.

Ngeh, Jonathan; Pelican, Michaela. 2018. Intersectionality and the Labour Market in the United Arab Emirates. In: *Zeitschrift für Ethnologie* 143(2): 171-194.

Ngeh, Jonathan. 2022. 'Bed-space' housing in Dubai: African migrants, ambivalence towards authorities and gender differences. In: *Ethnography* 0(0): 1-22.

Nkpa, Nwokocha K. U. 1975. Rumors of Mass Poison in Biafra. In: *Public Opinion Quarterly* 41(3): 332-346.

Pelkmans, Mathijs; Machold, Rhy. 2001. Conspiracy theories and their truth trajectories. In*: Focaal—Journal of Global and Historical Anthropology* 59(2011): 66–80.

Research unit "The Production and Reproduction of Social Inequalities". University of Cologne 2021. Electronic Resource: https://socialinequalities.uni-koeln.de/projects/special-project-communication-during-and-after-covid-19 (last access 04.02.2024)

Reuters. 29.03.2021. UAE launches COVID-19 vaccine production with China's Sinopharm. Electronic resource: https://www.reuters.com/world/middle-east/new-abu-dhabi-plant-manufacture-covid-19-vaccine-chinas-sinopharm-2021-03-29/ (last access 30.07.2023)

Reuters. 23.08.2022. Fauci, face of U.S. COVID response, to step down from government posts. Electronic resource: https://www.reuters.com/world/us/fauci-step-down-president-bidens-chief-medical-adviser-2022-08-22/ (last access 13.09.2023)

Riedmann, Agnes. 1993. Science that Colonizes. A Critique of Fertility Studies in Africa. Philadelphia: Temple University Press.

Rosnow, Ralph L. 1988. Rumor as Communication: A Contextualist Approach. In: *Journal of Communication* 38(1): 12-28.

Rosnow, Ralph L.; Fine, Gary Alan. 1976. Rumor and Gossip: The Social Psychology of Hearsay. New York: Elsevier.

Ruhs, Martin .2013. The Price of Rights: Regulating international labour migration. Princeton: Princeton University Press.

Salazar, Noel B. 2020. Anthropology and Anthropologists in Times of Crisis. In: *Social Anthropology/Anthropologie Sociale* 0(0):1-2.

Schütz, Alfred. 1967. The phenomenology of the social world. Evanston: Northwestern University Press.

Searle, John R. 1983. Intentionality: An essay in the philosophy of mind. Cambridge: Cambridge University Press.

Sharp, Jeremy M. 2023. The United Arab Emirates (UAE): Issues for U.S. Policy. Updated January 30, 2023. Congressional Research Service.

Shibutani, Tamotsu. 1966. Improvised News: A Sociological Study of Rumor. New York, Indianapolis: The Bobbs-Merrill Company.

Starbuck, William H. 2006. The Production of Knowledge. The Challenges of Social Science Research. New York: Oxford University Press.

The Economic Times. 29.07.2021. Abu Dhabi to ban unvaccinated people from many public places. Electronic resource: https://economictimes.indiatimes.com/news/international/uae/abu-dhabi-to-ban-unvaccinated-people-from-many-public-places/articleshow/83960757.cms (last access 02.08.2023)

The National News. 11.05.2021. UAE jobs and salaries: How much can you earn in restaurants and hotels in UAE? Electronic resource: https://www.thenationalnews.com/uae/uae-jobs-and-salaries-how-much-can-you-earn-in-restaurants-and-hotels-in-uae-1.1220303 (last access 06.08.2023)

The United Arab Emirates' Government Portal. 2023. Vaccines against Covid-19 in the UAE. Electronic resource: https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/vaccines-against-covid-19-in-the-uae (last access 29.07.2023)

Today. 2021. Houston Doctor in Viral Video Doubles Down on Hydroxychloroquine Claims. [Video] YouTube: https://www.youtube.com/watch?v=xO6dLyJhZWA (last access 28.01.2024)

Turner, Patricia A. 1993. I Heard It Through the Grapevine: Rumor in African-American Culture. Berkeley: University of California

UNICEF. 2001. Combating antivaccination rumors: Lessons learned from case studies in East Africa. Eastern and Southern Africa Regional Office. Electronic resource: https://m.moam.info/combatting-antivaccination-rumors-in-east-africa-the-vaccine-_647a62a6097c4770028ce194.html?utm_source=slidelegend (last access 05.07.2023)

Valenta, Marko. 2016. A comparative analysis of migration systems and migration policies in the European Union and in the Gulf Cooperation Council Countries. In: *Migration and Development* 6(3): 1-20.

Vora, Neha; Koch, Natalie. 2015. Everyday Inclusions: Rethinking Ethnocracy, Kafala, and Belonging in the Arabian Peninsula. In: *Studies in Ethnicity and Nationalism* (15)3: 540-552.

Warnier, Jean-Pierre. 1995. Slave-Trading Without Slave-Raiding in Cameroon. In: *Paideuma* 41: 251-272.

White, Luise. 1997. The Needle and the State: Immunization and Inoculation in Africa. Or, The Practice of Unnational Sovereignty. Paper for a Workshop on Immunization and the State, Delhi, India, January 16-17.

World Health Organization. 17.05.2010. Statute commemorates smallpox eradication. Electronic resource: https://www.who.int/news/item/17-05-2010-statue-commemorates-smallpox-eradication (last access 21.03.2023)

World Health Organization. 28.08.2020. Episode #1 – Herd immunity. Science conversation. Electronic resource: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-1 (last access 22.04.2023)

World Health Organization. 2020. Novel Coronavirus (2019-nCoV): situation report, 13. Electronic resource: https://apps.who.int/iris/handle/10665/330778 (last access 07.09.2023)

World Health Organization. 06.10.2021. Strategy to Achieve Global Covid-19 Vaccination by mid-2022. Electronic resource: https://www.who.int/publications/m/item/strategy-to-achieve-global-covid-19-vaccination-by-mid-2022 (last access 29.06.2023)

World Health Organization. 02.03.2022. COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. Electronic resource: https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide (last access 22.08.2023)

World Health Organization. 04.07.2024. WHO COVID-19 dashboard. Electronic resource: https://data.who.int/dashboards/covid19/deaths (last access 04.07.2024)

KÖLNER ETHNOLOGISCHE BEITRÄGE
HERAUSGEGEBEN VON MICHAEL J. CASIMIR